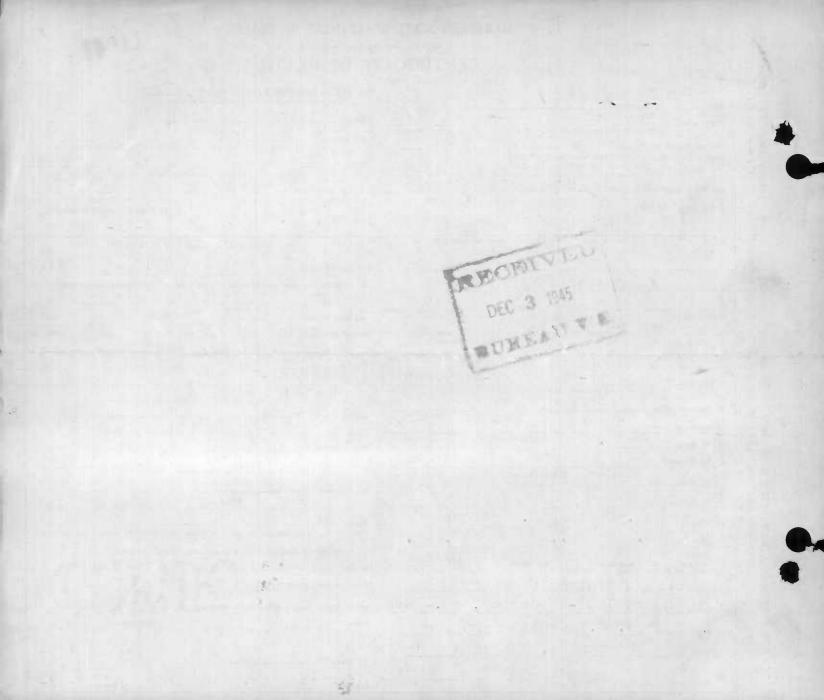
A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Frederick City or the Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Years Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 2 Hours 10 Minutes | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State. Maryland County Frederick City or team (If outside city or town limits, write RURAL and give neerest town) Street No. 13 East Sixth Street (If rural, give LOCATION) None |
|---|---|
| 3.(a) FULL NAME WALTER STANLEY ANDREWS | 3.(b) Social Security Number 214-16-0881 |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M M | MEDICAL CERTIFICATION 2D. DATE OF DEATH |
| B.(b) Name of Austria or wife Loretta Kefauver | 21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) April 8, 1903 | and that I last saw h |
| 8. AGE: Years Months Days It less than one day 42 7 19 | Immediate cause of death warming with a OURATION 2 her. |
| 9. Birthplace Brunswick-Frederick-Maryland (Town, county, end state) Laborer 10. Usual occupation | Oue to and ocadust |
| 11. tndustry or business Staubs Grocery | Due to |
| 12. Name John L. Andrews Maryland | Other conditions |
| 14. Malden name. Fannie Weaver 15. Birthplace Maryland | (Include pregnancy within 3 months of desth) Major findings of operatious |
| | Date of op. |
| 16. Informant Mrs. Loretta K. Andrews Address 13 E. 6th St., Frederick, Md. | Autopsy results |
| Burial (Burial, eremation, erremoyal Which?) Cemetery or crematory Reformed Cemetery Church Hill-Frederick, MdRural | 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. |
| 18. Funeral director. M. R. Etchison and Son | Meens of injury Meens of injury Deputy Medical |
| Address Frederick, Maryland 19. 29 | 23. SIGNATURE Examiner M. D. or other Address Frederick, Maryland Date signed 11-28-45 |



stated EXACTLY. PHYSICIANS should state

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 E. TION is very important.

See instructions on back of certificate.

of OCCUPA-

| STATE | OF MAR | YLAND- | CERTIFICATE OF DEATH 1104, | 2 |
|--|-------------------|-------------------------|--|------------------|
| 1. PLACE OF DEATH | | | 921 | ~ |
| County Frederich | | | Registration Dist. No. / 3 | 8 |
| Village or City Tame | wille | | No Rices Office Samular St. death occurred in a horpital or institution, give its NAME instead of street and nu | Ward |
| Length of residence in city or town wher | e death occurred/ | | ds. How long in U. S. If of foreign birth?yrsmos | |
| 2. FULL NAME Ple | re Wa | ters . | Baer If U. S. Veteran, specify WAR. | y |
| (a) Residence: No. 306 | u Colley | e Terra | est Ward. Frederich | / |
| PERSONAL AND STATIS | (Usual place | | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | tate |
| 3. SEX. 4. COLOR OR RACE | | RIED, WIDOWED, | 21. DATE OF DEATH | |
| Female white | OR DIVORCE | (write the word) | Movember 16 (Month) (Day) | 1937 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | | 22. I HEREBY CERTIFY, That I attended de | eceased from |
| (or) WIFE of Michael Sh | | | any 7, 194 15 ,10 flar 66 | ., 1923 |
| 6. DATE OF BIRTH (month, day, and year) | eptember | 20, 1863 | I last saw h la alive on 900 16, 1945; | death is said |
| 7. AGE Years Months | Days | If LESS than 1 day,hrs. | to have occurred on the date stated above, at | |
| 82 1 | 16 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | None | | Mygardent Carline | Ver 2 cm |
| 9. Industry or business In which work was done, as SILK MILL. | | | Draw A. Knows Se hands | oversk |
| SAW MILL, BANK, etc | 11. Total ti | me (years) | - Suchestry Cerchal & Commeny | |
| this occupation (month and year) | sper | nt in this Ipation | 0 | |
| 12. BIRTHPLACE (city or town) Baltir | nore Coun | ty | Other Centributory Causes of Importance: | 7 |
| (State or country) | Marylan | d | and the state of t | |
| 13. NAME Andrew G. WE | ters | | | |
| 14. BIRTHPLACE (city or town) Mary | , land | | Name of operation Date of What test confirmed diagnosis? Was there an au | 91- |
| 15. MAIDEN NAME Antonia | 1. L. Wor | mrath | 23. If death was due to external causes (VIOLENCE) fill in also the following: | . орој 1 |
| 16. BIRTHPLACE (city or town) Ph | ldelphia | | Accident, suicide, or homicide? Date of Injury | , 19 |
| (State or country) | Penna | • | Where did Injury occur? | |
| 17. INFORMANT Dr. R. W. I | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE | E. |
| 18. BURIAL, CREMATION, OR REMOVAL Dry | id Ridge | Cemeter | Manner of injury | |
| Place Pikesville, 1 | Date NOV | 19,19.45 | Nature of injury. | |
| 19. UNDERTAKER M. R. Etch (Address) Frederick | | | 24. Was disease or injury in any way related to occupation of deceased? | lo |
| 20. FILED MOV- 17, 19 Luce | ault, Fal | Com | (Signed) Italian M. Hillano | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Ñ. | Example II | |
|--|---------------|--|--------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related ca of importance were as follows: | uses Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis 1977 | 3 days ago |
| | | T TA T | 9 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | 5 | |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

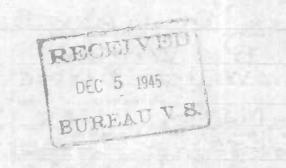
CERTIFICATE OF DEATH

Reg. Dist. No. 141

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| County Frederick | State Maryland County Frederick. |
| (If outside city or town limits, write KURAL and give nearest town) | |
| How long In above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| nuspital, institution, or street address where death occurred: | Street No. 36 We st J. (If roral, give LOCATION) |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Alice Drymmer B | arber. |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| F. B Widow | 2D. DATE DF DEATH NOV 27 19.45 at 3 8 1 |
| 8.(b) Name of husband or wife William Barber | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | May 4 1943 to Mor 1943 |
| T. Birth date of deceased (mo., day, yr.) March 7 1885 | and that I last saw half alive on 1940 |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| 60 8 20hrsmin. | Molnitries 1 The |
| 9. Birthplace Stumptown Loudoun G. Ya | Due to Carrena head 6 ms |
| 1D. Usual occupation House wife | Jancuas |
| 11. Industry or business | DUE TO |
| 12. Name Thomas Drummer 13. Birthplace Loudovy Con Va | Other conditions Cultures Clurkes |
| | Limbergy melastar |
| 14. Maiden name Rachel Harris 15. Birthplace Loudova Co., Va. | (Ineldie pregnancy within 8 months of death) |
| 15. Birthplace Loudoun Co., Va. | Major fieldings of operations |
| 18. Interman MRS. Nellie E. Streams | Autopsy results. |
| Address 36 W. J. St. Brunswick Md | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17 Burial Date thereof Dec 1 1945 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crometers. | Where did injury occur? |
| Location reters ville Md | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral digetor | Means of Injury Injured at work? |
| Address How Opens Ferry W. Vand | a course (helos Buce |
| 19. NEC 1- 1945 Ewiss martin | 23. SIGNATURE M. D. or other M. D. or other M. D. or other M. D. or other |
| (Date rec'd hy registrar) | Address Date signed |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



| 7 | | 121 |
|------------|----|-----|
| | | 3 |
| Reg. Dist. | No | Y |

| City or in (if outside city or town limits Street No. 2 | | nearest town) |
|--|-----------------------------|-------------------|
| 2.(a) IT veteran, name war | 3. (b) Social Securi | ty Number |
| Su | 0.00 | ., |
| h | ERTIFICATION 19.40 | ~ ,at //A - N |
| 21. I CERTIFY that death occurred on the date abo | | |
| and that I last saw h | 4. 10 Mm. | 9 45 |
| Immediate cause of death | | DURATION |
| Diabete Mellitus | (Coma) | Twas |
| Due to. | | ***** |
| Due to Astrijs chro | | Emmly 1 |
| Bther conditions Bengania | | |
| (Include pregnancy within 8 r | nonths of deuth) | ***** |
| Major findings of operations. | | |
| 20 - 0 | Bate of op | |
| Antopsy results. PHYSICIAN: Please underline the cause to what was a second control of the cause to what was a se | ich death should be charg | ed statistically. |
| 22. VIOLENCE: If death was due to external cau | ses, fill in the following: | |
| Accident, suicide, or homtolde, | | |
| | | (State) |
| Injured et home, farm, Industry, public place (wi Means of Injury | tnjured at work? | ••••••• |
| 23. SIGNATURE G. A. | Piarre, M. | n. D. |

RECUI NOV 14 1945 BUREAU V.R.

Evidence for the change of date of birth is shown on MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore (7-2) G 99 11-29-45 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly (If outside city or town limits write RURAL and give nearest town) How long In above place of death?...... Hospital, institution, or street address where (If rural, give LOCATION) information 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from S.(c) If alive, give age ... deceased (mo., day, yr.) Supply DURATION 8. AGE: If less than one day MARGIN RESERVED 11, Industry or business 14. Maiden na 15. Birthplace (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Address

MARKED NO THE BEAUTION OF HEALTH

BEARING TO STRATE OF CHATE

NOV 24 1915

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11!!46 Reg. Dist. No. 131

| 1. PLACE OF DEAT | H: | | | 2. USUAL RESIDENCE | (HOME) | F DECEASED: | |
|--------------------------------------|--------------------|---------------|---|---------------------------------|---|-------------------------|---------------------------------|
| County Frederick Frederick | | | " Manarland | Manual and Endandal | | | |
| City or town | side city or town | limits, write | RURAL and give nearest town) | State Mary Land | | untyT.T.GGGT.T | |
| How long in above place of | | | | | | s, write RURAL and give | nearest town) |
| Hospital, Institution, or st | reet address where | death occurre | d: | | 11. | | nearest wwii, |
| Frederic | c City | dospi | tal | Street No | (If rural, gly | e LOCATION) | |
| How long In hospital or Institution? | | | | 2.(a) If veteran, name war | None | > | |
| 3. (a) FULL NAME | | | | | | 3. (b) Social Secur | ity Number |
| | MINNI: | E BELI | LE BEST | | | None | |
| 4. Sex 5 | . Color or race | 8.(a)Sing | le, married, widowed, or divorced | M | EDICAL C | ERTIFICATION | |
| F | W | | M | 2D. DATE OF DEATH | Novemb | per 22, 19 4 | 5 . 4:15A |
| 6.(b) Name of husband or | Will: | iam S | Best | 21. I CERTIFY that death occur | | | |
| | | | 07 | lalla | | 45 to Mr. | |
| 7. Birth date of | | | c) If alive, give ageye | ars and had I last saw here | | 7 4 1 | |
| deceased (mo., day, yr.) | March | 25, | 1869 | Immediate cause of death | | | DURATION |
| 8. AGE: Years | Months | Days | If less than one day | Pulses | nary | Edima | 3/4. |
| 76 | 7 | 27 | hrsm | | | | |
| a Richaloce Nr. I | aylors | town- | Loudoun-Virgin | iama muo ca | udioPo | Varlue. | 3 News |
| 5. Ollthylacc | (Town, | county, and | state) | Due 10 | , 0 | | |
| 10. Usual occupation | At Hom | 9 | *************************************** | - Cuelco | I luse | whoes | 3/10 |
| 11. Industry or business | | | | Due to | *************************************** | | |
| 質 12. Name Johr | N. Da | vis | | | Postin. | My pulms | en 15 410 |
| | | | y Virginia | Uther conditions A. A. | | | |
| 当 14. Malden name | Sarah V | . Bowe | ers | (Include pre | gnancy within 3 | months of death) | |
| | | | y Virginia | Major findings of operations. | | | |
| | William | | | | | Date of op | |
| 16, Informant | WITITE | 11 0. 1 | 2686 | Antopsy results | | | 1 |
| | s, Mar | | | PHYSICIAN: Please underlin | | | ged statistically. |
| Burial (Burial, cremation, or | | Dain ther | eof 11/25/45 (month) (day) (year) | 22. VIOLENCE: If death was | | | |
| (Burial, eremation, or | removal, Which |) Date ther | (month) (day) (year) | Accident, suicide, or homicide. | | | ******************************* |
| Cemetery or exemutery | Metho | dist (| Cemetery | Where did injury occur? | (City or town) | (County) | (State) |
| Location Tay | rlorsto | Nn, Vi | irginia | Injured at home, farm, Industr | | | •••••• |
| 19 Europal disortes N | I. R. E | tchiso | on and Son | Means of Injury | - | Injured at work? | |
| | rederi | | | | -42 | | |
| Address | 104011 | 00. | 0 00 0. 11 4 | 23, SIGNATURE CC. | | Yuce | M. D. |
| | 19 45 | باغ | rabeth J. Heck. | Jeffers | on Max | | D. or other |
| (Date rec'd by regist | | | Registr | ar Address JELLEI'S | one mai | yland Date sign | ed TT-20-40 |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and be

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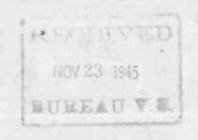
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

131

| | | | ODICI II | CIAI | Reg. Dist. No. |
|---|---|---------------|-------------------------------------|--|--|
| 1. PLACE OF DEATH: County | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick Frederick-Rural R. F. D. # (If outside city or town limits, write RURAL and give nearest town) | |
| 602 East | Patrick | Stre | et | | Street No. Charlesville (If rural, give LOCATION) |
| How long in hospital or | institution? | | | | 2.(a) If veteran, name war. None |
| 3. (a) FULL NAME | | ES ED | WARD BIDLE | | 3.(b) Social Security Number None |
| 4. Sex | 5. Color or race | 6.(a)Singk | married, widowed, of divorced | 1 | MEDICAL CERTIFICATION |
| M | W | | M | | 20. DATE OF GEATH. November 20, 19 45 at 8:30Pm |
| 6.(b) Name of husband | or wife Sall | ie V. | Shaferr | | 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from |
| 7. Birth date of deceased (mo., day, yr | Santon | 6.(6 | e) If allve, give age 61 0, 1883 | years | and that I last saw h alive on Duration Immediate cause of death OURATION |
| 8. AGE: Years 62 | Months 2 | Days 10 | If less than one dayhrs. | mln. | The of the State of Contract of State o |
| 9. Birthplace | Retire | county, and s | | land | Due to. |
| 12. Name. Wi | lliam A. rederick | Coun | ty Maryland | | Other conditions |
| 14. Malden name | Laura S | Coun | s ty Maryland idle | | (Include pregnancy within 8 months of death) Major findings of operations. |
| 18. Informant Mrs | . Sallie | S. B | idle | | Autopsy results. |
| | | | ck, Maryland | | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Buria (Burial, cremation, | or removal, Which? | Oate there | (month) (day) (year | r) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or cremeter | Luther | an Ce | metery | | Where did injury occur? |
| Location | | | Maryland | | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director | *************************************** | | son and Son | | Means of injury Injured at Avork? |
| . \ | Freder | 60 | Maryland | 0 | 23. SIGNATURE M. D. or other |
| 19. Date rec'd by reg | 19.4.5 (istrar) | <u> </u> | Agrilla J. Heg | istrar | Address Frederick, Maryland Date signed 11-21-45 |



PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

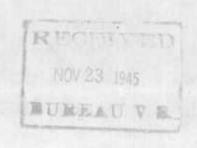
2411 N. Charles St., Baltimore 83-0

11048

CERTIFICATE OF DEATH

Piet No 131

| 1 DIAGRAF DEATH | |
|--|--|
| 1. PLACE OF DEATH: Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| Frederick-Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) | State Maryland County Frederick |
| How long In above place of death? 30 years Hospital, Institution, or street address where death occurred: | Frederick-Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) Shookstown |
| Shookstown | (If rurnl, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| BERTIE ESTELLA BLANK | None |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| F W W | 2D. DATE OF DEATH. November 21, 19 45 at 2 A M |
| 6.(6) Name of husband or wise Lewis F. Blank | 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from |
| 8.(c) If alive, give age | 196/h, to a 2 19 4 hz |
| 7. Birth date of Fohmsons 25 1003 | and thet I last saw home alive on I alive Date 19 5 |
| 8. AGE: Years Months Days If less than one day | Immediate case of death |
| 62 2 26min | Colored General Land |
| 9. Birthplace Harmony-Frederick-Maryland (Town, county, and state) 10. Usual occupation. At Home | Due to Surio Stitus Span |
| 11. Industry or business | |
| David L. Summers 12. Name David L. Summers 13. Sirtholace Frederick County Maryland | Dther conditions |
| 14. Malden name Ella Harshman 15. Birthplace Frederick County Maryland 16. Informant Mrs. Edward O. Veirtz | (Include pregnancy within 8 months of death) Major findings of operations. |
| 15. Birthplace Frederick County Maryland | Date of op. |
| 16. informant Mrs. Edward O. Veirtz | Aptopsy resolts. |
| Address R. F. D. #5, Frederick, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Burial (Burial, oremetion, or removal, Whiteh) Booky Springs Cemetery | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| | Where did injury occur? |
| Frederick, Maryland - Rural | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director M. R. Etchison and Son | Means of Injury Injured at work? |
| Address Frederick, Maryland | Ht Heyn |
| 19. 21 More 19. H5- Elizabeth J. Hech. (Date rec'd by registrar) Registrar | 23. SIGNATURE M. D. or other M. D. or other Address Frederick, Maryland Date signed 11-21-45 |



death clearly

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mportant.

especially

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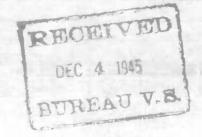
PLEASE WRITE

(Date rec'd by registrar)

CERTIFICATE OF DEATH Reg. Dist. No. / 4 0 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town How long in above place of death? 50 yrs (If outside city or town limits, write RHRAL and give nearest town) Hospital, Institution, or street address where don'th occurred: (If rural, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION NOV 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of and that I last saw h.t. alive on deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 10. Usual occupation. 11. Industry or busines 13. Birthplact (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) ... Means of Injury 23. SIGNATURE / P. W. Ban M. D. or other

Registrar

CERTIFICATE OF ECATIO



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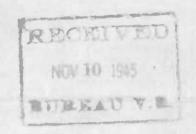
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEPTIFICATE OF DEATH

| | - 1 | 10 | 511 | |
|---|------|-------|-----|-----|
| * | Reg. | Dist. | No | 131 |

| CERTIFICAT | Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| Frederick-Rural R. F. D. #5 | state Maryland County Frederick |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Years | City or lews Frederick-Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. Near Rocky Spring |
| Near Rocky Spring | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| ANNIE ELEANOR BRANDENBURG | None |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| FWS | 20. DATE DF DEATH. November 9th, 19 45 at 11 A N |
| 6,(₺) Name of husband or wife | 21. I OF TIFY that death occurred on the date above stated; that Lattended deceased from |
| O (A) Mallist which | 1845 to Oct 75 1945 |
| 7. Birth date of | anothrat I last saw h. C alive on |
| deceased (mo., day, yr.) De Compet. 21, 1001 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 83 11 18min. | Tobins Ochum 12hus |
| | |
| 9. Birthplace Middletown-Frederick-Maryland (Town, county, and state) | Due to Alland Alland |
| 1D. Usual occupation. At Home | June |
| 11. Industry or business | Due to |
| 質 12. Name George M. Brandenburg | Other conditions. |
| 13. Birthplace Frederick County Maryland | |
| 14. Maiden name Minerva Warrenfeld 15. Birthplace Frederick County Maryland 16. Informant Miss Josephine L. Brandenburg | (Include pregnancy within 3 months of death) |
| Frederick County Manyland | Major findings of operations |
| Miser Teachine T. Prenderby | Date of op. |
| | Antopsy results |
| Address R. F. D. #5, Frederick, Md. | 22, VIOLENCE: If death was due to external causes, fill in the following; |
| 17. Burial Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or cremetory Reformed Cemetery | Where did injury occur? |
| | |
| Location Middletown, Maryland | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director. M. R. Etchison and Son | Means of Injury Injured at work? |
| Address Frederick, Maryland | 23. SIGNATURE FRANK & DECLIVINO D. |
| 10 9 Nov 10 45 - Elizabeth & Heck. | M. Of or other |
| 19. (Date rec'd by registrar) 19. Registrar | Address Frederick, Maryland Date signed 11-9-45 |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131:0

CERTIFICATE OF DEATH

11051 Reg. Dist. No. /38

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| County | (For newborn mannes give residence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town | State |
| | City or town |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| | Street No |
| | (If rural, give LOCATION) |
| low long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Bradles A. 1 | Brandenburg 3. (b) Social Security Number |
| 6. Sex 5. Color or race 8.(a) Single Harried, Widowed, or divorced | MEDICAL CERTIFICATION |
| M white married | |
| III THUCK THEOGOTA | 20. DATE OF DEATH November 1 19 45 at 7 P, |
| 6.(b) Name of husband or wife Mucel D. Brand | The Cartify that death occurred on the date above stated; that, I attended deceased from |
| | April 10 1945 to Nov 16 1945 |
| f, Birth date of | and that I last saw h his alive on november 11 19 45 |
| deceased (mo., day, yr.) Mas 6, 1860 | |
| B. AGE: Years Months Days If less than one day | Immediate causo of death DURATION 2 Ma |
| 82 6 5hrs. | |
| | |
| Birthplace Traduction | Due to Due to |
| (Town, sounty, and state) | V |
| 10. Usual occupation | men ativo relevere /8 yes |
| 11. Industry or business | |
| | capial Kemonkara Akt 10 |
| 12. Name Zeduick W. | Other conditions. |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Clather Curcher 15. Buthplace | (Include pregnancy within a months of death) |
| Z /wind ow | Major findings of operations. |
| E 15. Birthplace | Date of op. |
| 16. Intermant / Was W. Brander | Autopsy results |
| Address Monshould med. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Dune 1 Man 14 / | 22. VIOLENCE: It death was due to external causes, fill in the following; |
| (Burial, cremation, or remove Which?) Date thereof (month) (day) (yea | Accident, suicide, or homicide |
| · Hamilton | |
| Cemetery or crematory | Where did injury occur? |
| location Remotown | tnjured at home, tarm, industry, public place (where?) |
| K m. S. Ila | Means of injury tojured at work? |
| 18. Funeral director | |
| Address M. GUSY | Energy P Root his |
| 1 12 10 10 10 10 | 23. SIGNATURE M. H. or other |
| 19 /10v / 2 19 45 Nusion & Folos= | new Waster Md 11-12-40 |

DEC 10 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

eg. Dist. No. 139

| | | | | | Reg. Dist. 140 | |
|---|---|-------------------------|-------------------------------------|---|----------------------------------|---|
| 1. PLACE OF DEATH | Freder | *********************** | | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m | other) | |
| City or fown State Sana tori um, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 9/27/45 | | | City or townBaltimore | | | |
| Hospital, Institution, or stree Maryland T How long to hospital or insti | ubercu | Losis S | anatorium /45 | Street No. 5 N. Exeter St. (If rural, give I 2.(a) If veteran, name war | OCATION) | <u></u> |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security | Number |
| Charl | les W. I | | | | None | |
| 4. Sex 5. | Color or race | 6.(a)Single, mar | rried, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| Male | White | . D | ivorced | 20. DATE OF DEATH November 2 | 4 19 45 | ,a10:15P |
| 6.(b) Name of husband or wi | | | | 21. I CERTIFY that death occurred on the date above September 27 | 5 10 Nov. 24 | 1945. |
| 7. Sirth date of deceased (mo., day, yr.) | 8/9/: | 1894 | ilive, give ageyears | | | - |
| 8. AGE: Years | Months | | f less than one day | Immediate cause of death | | |
| 51 | 3 | 15 | hrs min. | Pulmonary Tubercul | 0318 | 11 Mos. |
| 9. Birthplace Balt | imore, | Md. |) | Due to | | *************************************** |
| | Ione | | | | | |
| 11. Industry or business | *************************************** | | •••••••••••••••• | Oue to | ******************************** | |
| 至 12. Name Cha | | | r, Sr. | Dther conditions | | *************************************** |
| 13. Birthplace | Baltime | ore, Md | • | | | |
| 14. Malden name | lorence | e Elswo | rth | (Include pregnancy within 3 mc | | |
| 15. Birthplace | Balti me | ore, Md | • | injoi manage or operating | | |
| 16. Informant Mrs. | Phili | o Wagne | r (sister) | Autopsy results. | | |
| 2800 % | Circle Ass | Bol+ | imore, Md. | PHYSICIAN: Please underline the cause to which | ch death should be charged | statistically. |
| 17(Burial, fremation, or | | 44 | Mov 28 1945 (mouth) (day) (year) | 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide | | |
| Cemetery or crematory. | Greena | ount (| emetery | Where did injury occur?(City or town) | | |
| Location | Wetu | | Stimore Med. | Injured at home, farm, todustry, public place (whe | | |
| 18. Funeral director | M. L. | | & Son | Mesns of Injury | Injured at work? | |
| Address | | nt. Mar | 11. | 19.10 N | 400 | |
| 19. LL 26 | mat. | 1 | AUGO Registrar | Addres State Sana to ri um | M, D. | 11/25/45 |
| (Date rec'd by registr) | at I | | Registrar | II Address-C.M.M. M.Y.M. L.M.M.A. M.M.A. MAI | | TI ATT |

ADING INK. Supply every item of information carefully Physicians: please write the causes of death electry and

PLEASE WRITE PLAINLY, WITH UNF. is especially important.

FOR BINDING

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VS A15



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VS A15

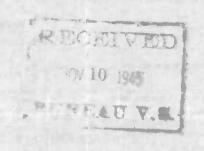
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

| | | 11 | 11 | 200 | |
|----|---------|----|-----|-----|--|
| Re | g. Dist | No | 1/3 | 35 | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County The Although | (For newborn infants give residence of mother) |
| Cily or town limits, write RURAL and give nearest town) | State |
| ,— , | City or town It a day be see |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| nospital, institution, or street address where well occurred: | Sireel No. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| carry Rugene i | lem, |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male White single. | |
| mare the second | 20, DATE OF DEATH |
| 6.(8) Name of husband or wite. | 21. I CERTIFY that death occurred on the date above stated: that I etlended deceased from |
| 7. Birth date of 7. Sirth date of 7. Sir | MAU 80 38 19 45 to MOV 6 19 45 |
| 7. Birth date of deceased (mo. day vr.) Onto her 31, 1945 | and that I last saw h |
| accesses (mod adjolity | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Premoterite |
| 3min. | |
| B. Birthplace The Manual County, and etate) | Due to |
| (Town, county, and etate) | |
| 1D. Usual occupation | Due to |
| 11. Industry or business | |
| 12. Name Plansatiles J. Colores Qu | Other conditions. |
| 12. Name The Local State 12. Name 2 | |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Literatura Landon Lan | Major findings of operations |
| \$ 15. Birthplace Thurmont, and | Date of op. |
| 16. Informant Della Land Jell | Autopsy results. |
| 16. intermant | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Mandaloro, Ma. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cramation, or removal, Which?) (Burial, cramation, or removal, Which?) | |
| (Burial, cremation, or removal. Which) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or country Added Added Added A | Where did injury occur? |
| Location Thurmant I Mid | Injured al home, farm, Industry, public place (where?) |
| 200 | Means of Injury Injured at work? |
| 18. Funeral director All Market Market De Lotte | 000 |
| Address Thurmout, And. | Xandl C. Catadon |
| CD. D. Am le 11 D. | 23. SIGNATURE M. D. or other |
| (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar) | Walker will Mrs mis soul May 2 (15) |
| (Dates see a ply registrar) | HARDIES S. M. M. S. |



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

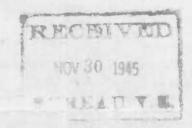
2411 N. Charles St., Baltimore 93-0

11654

CERTIFICATE OF DEATH

Reg. Dist. No. 131

| 1. PLACE OF DEATH: County Frederick City or town Frederick City or town (If outside city or town limits, when long in above piece of death? How long in above piece of death? How long in hospital or institution? 1 Day 3. (a) FULL NAME | occured: Ospital | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town Frederick—Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town) Street No. Rocky Spring (If rural, give LOCATION) None 3. (b) Social Security Number | | |
|---|--|---|---|--|
| ROBERT LE | EE DIXON | 220-16-04 | | |
| M W | a)Single, married, widowed, or divorced D | MEDICAL CERTIFICATION November 27, 18 45 | 3 AM | |
| 6.(4) Name of hysband or wife. Mary Ki | 6.(c) If alive, give age54 years | 21. I CERTIFY that death occurred on the date above stated; that I attended decease | 2 19.45 19.45 | |
| | ays If less than one day | Immediate cause of death Gorangey Declusion . | DURATION 18 18 18 | |
| 9. Birthplace Park Mills-Fred (Town, county) 10. Usual occupation Laborer 11. Industry or business Ox Fibre E | r, and state) | Due to | 3 | |
| 14. Malden name Margaret () 15. Birthplace Frederick | County Maryland | Other conditions (Include pregnancy within a months of cath) Major findings of operations. Date of op. | ************************* | |
| Mrs. Carnie H | | Autopsy results | *************************************** | |
| Burial (Burial, commandation, or removal, Whiteh) Cemetery or exematory. Mount Oli Frederick Location | te thereof 11/30/45 (month) (day) (year) Lvet Cemetery , Maryland | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | State) | |
| 16. Funeral director. M. R. Etc. Address Frederick | chison and Son | Mesns of tnjury Injured at work? 23. SIGNATURE. J. R. Selvoluse | . D. | |
| 19. 28 1945 1945 | Chiabeth y Hech. | M. D. or of M. D. | -28-45 | |



PLEASE WRITE

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2320

CERTIFICATE OF DEATH

Reg. Dist. No....

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| County | State Maryland county Atomand |
| City or town limits, write RURAL and give nearest town) | (if outside city or town limits, write RURAL and give nearest town) |
| How long In above place of death? | |
| | Street No |
| How long in hospital or institution? Mondeva hospital | (a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| John Westley Cro | new Salarall nine |
| 4. Sex 5. Color or race 6.(a) Single, married, widges, or divorced | MEDICAL CERTIFICATION |
| IN While Willows | 2D. DATE OF DEATH ALSO 1945 at LONG. M |
| 6.(b) Name of husband or wife when when | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| S (c) It alive give age years | 745 10 75 10 75 19 75 19 75 19 75 |
| 7. Birth date of deceased (mo., day, yr.) of 2, (870 | and that I last saw h. Ann. allive on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of desth |
| 75 / 14nin. | |
| 9. Birthplace Howard Co | Due to |
| (Tiwn, county, and state) | |
| 1D. Usual occupation | Due to |
| 11. Industry or business | |
| 12. Name Dun de Marie 13. Birthplace | Dther conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name armemetta della 15. Birthplace // Armand and | Major findings of operations. |
| E 15. Birthplace | Date of op. |
| 16. Informant | Antopsy results |
| Address wordow ma | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17. But a gramming of remote at remote Whiten (month) (day) (year) | Accident, sulcide, or homicide Bate of Bate |
| Cemetery or comments of the company | Where did injury occur? |
| Hali as Idan inde Alongonish | Injured at home, farm, Industry, public place (where?) |
| Location Washington Parallel | Means of Injury Injured at work? |
| 16. Funeral director | BMP |
| Address William - Wattaland | 23. SIGNATURE TOUTHORNAS M. D. or other |
| 19. 16- Non 19 45 Chialette J. Heck | Address Frederick Md Date signed 1/15/45 |
| (Date rec'd by registrar) | - Marian |



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Evidence for the change of lagei s shown on MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore G 99 1130-45 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: County Frederick (For newborn infants give residence of mother) ... County Frederick Maryland Frederick (If outside city or town limits, write RURAL and give nearest town Frederick information carefully of death clearly and 25 Years How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) 332 East Third Street Hospilal, Institution, or street address where death occurred: 332 East Third Street (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number SOPHRONIA PAULINE None 5. Color or race 6.(a) Single, married, widowed, or dispress MEDICAL CERTIFICATION F November 25, 45 , 5:15 P John D. Eader 21. I CERTIFY that death occurred on the date above slated; that Latiended deceased from 6.(b) Name of busband or after. ..6.(c) It alive, give ageyears ARGIN RESERVED FOR deceased (mo., day, yr.) April 8, 1870 it less than one day 8. AGE: 9. Birthplace McKaig-Frederick-Maryland (Town, county, and state) At Home 1D. Usual occupation. 11. Industry or business 12 Name Henry C. Fox Frederick County Maryland (Include pregnancy within 3 months of death) Sarah Poole Major findings of operations..... Frederick County Maryland Mrs. Eleanor E. Gosnell PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 332 E. 3rd St., Frederick, Md. 22. VIOLENCE: If death was due to external causes, till in the following; Burial (Burial, eremation, or removal, Whiteh) Accident, suicide, or homicide..... Mount Olivet Cemetery Where did injury occur? WRITE Cemetery or erematory Frederick, Maryland Injured at home, tarm, industry, public place (where?) M. R. Etchison and Son Frederick, Maryland 23. SIGNATURE. Frederick, Maryland Date signed 11-26-45 (Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|--|---|--|--|--|
| County Trodonial | State Maryland county Frederick | | | |
| City or town (If outside city or town limits, write RURAL and give nearest town) | Frederick-Rural R. F. D. #1 | | | |
| How long in above place of death? 5 Months | (If outside city or town limits, write RURAL and give nearest town) | | | |
| Hospital, Institution, or street address where death occurred: | Street No. Bartonsville | | | |
| 138 East Street | (If rural, give LOCATION) | | | |
| How long in hospital or instilution? | 2.(a) If veteran, name war. None | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | | |
| MARY ELIZABETH EDWARDS | None | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| F C W | 20. DATE OF DEATH. November 29, 19 45, 21 9:30 Am | | | |
| 6.(b) Name of husband or Isaac Edwards | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | | |
| | 2-8 19.12 to 11.77 19.40 | | | |
| 7. Birth date of deceased (mo., day, yr.) April 26, 1883 | and that I last saw h. evalve on 11/29 | | | |
| 8. AGE: Years Months Days It less than one day | Immediate cape of death DURATION (cley | | | |
| 62 7 3min. | Caronary accounts 11004 | | | |
| | | | | |
| 9. Birthplace (Town, county Virginia (Town, county, and state) | Due to un Terro De Grans 3 9/8 | | | |
| Domestic | | | | |
| 10. Usual occupation | Due to | | | |
| 11. Industry or business | | | | |
| 12. Name Unknown Unknown Unknown | Other conditions | | | |
| ₹ 13. Birthplace Unknown | | | | |
| 14. Maiden name. Unknown | (Include pregnancy within 8 months of death) | | | |
| 14. Malden name Unknown Unknown Unknown | Major findings of operations. | | | |
| | Oale ot op | | | |
| 16, Informant James H. Edwards | Antopsy results | | | |
| Address R. F. D. #1, Frederick, Maryland | PHYSICIAN: Plesse underline the cause to which death should be charged statistically. | | | |
| | 22. VIOLENCE: If death was due to external causes, till in the tollowing; | | | |
| Burial (Burial, cremation, or removal, Whielit) Bate thereof 12/2/45 (month) (day) (year) | Accident, suicide, or homicide | | | |
| Cemetery or crematory Bartonsville Cemetery | Where did injury occur? | | | |
| location Frederick, Md. R. F. D. #1 | | | | |
| | Injured at home, tarm, industry, public place (where?) | | | |
| 18. Funeral director M. R. Etchison and Son | Means of injury Injured at work? | | | |
| Address Frederick, Maryland | M. D. | | | |
| 00.0 - 0.11 | 23. SIGNATURE M. D. D. M. D. or other | | | |
| 19. — Ve Clare rec'd by registrar 19. Clare rec'd by registrar Registrar | Address Frederick, Maryland Date slened 11-30-45 | | | |
| (Date tood by registrar) | ADDIESS | | | |

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0)

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| - | | | | 1 | 41 | 7 |
|---|------|-------|-----|-------|----|---|
| | Reg. | Dist. | No. | / | / | |

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Bor newborn infagts give residence of mother) State County County County City or town town imits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war | | | |
|---|--|---------------|--|--|
| 3. (a) FULL NAME | | | | |
| MARY FLANI | 9 9 9 N | Number | | |
| Hernale White Widowed or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 | 2:40A | | |
| 8.(b) Name of husband or vite. Thomas Flancogau Celebrate 6.(c) If alive, give age years 7. Birth date of | 21. I CERTIFY that death occurred on the date above stated; that I attended decided and that I last saw her alive on Nov. 14, 1945 | | | |
| deceased (mo., day, yr.) May 18, 1866 | Immediate cause of death | | | |
| 8. AGE: Years Months Days the fees than one day 5 27 | Acute uremia | 3 da | | |
| 9 Richalace New York City - 21.4. | Oue to Chr. Uremia | ? | | |
| 10. Usuat occupation | Chr. Interstitial Nephrit | is ? | | |
| 11. Industry or business | Ove to | ••••••••••••• | | |
| 12. Name John Tien 3 | Other conditions Cardiac Fibrilation | 4 da | | |
| 14. Maiden name. Mung ? 15. Birthplace See many | (Include pregnancy within 8 months of death) | | | |
| 15. Birthplace Des many | Major findings of operations | | | |
| 18. Informant Mus Stewart all Frances Address - MX. Cuic. Mid | Antopsy results. NONE PHYSICIAN: Please underline the cause to which death should be charged | | | |
| 17 Durial (Burial, commetion, or removal, which) (Burial, commetion, or removal, which) | 22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | | |
| reserve or cremetory too peech new Location Lux. Any Frederick Co. Tud. | Where did injury occur? | | | |
| 18. Funeral director 6.74. Walts | Means of Injury Jajured at work? | 4 | | |
| Address Wir freld The | 23. SIGNATURE Stanling Graliff | or other / | | |
| (Date rec'd by registrar) | Address M. Carry M. Oate signed. | 11/15/4 | | |

NOV 19 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

Reg. Dist. No. 13

| 1. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of nother) |
|---|---|
| County Statement | marla of tradicion |
| Cily or term (If onfaide city or town limits, write RURAL and give nearest town) | State State Sounty Sounty |
| | Ony or fown |
| low long in above place of death? | |
| Treduck bity formal | (If rural, give LOCATION) |
| low long in hospital or institution? | 2,(a) If veteran, name war |
| 3-(a) FULL NAME | |
| 30) roll RAME | 3. (b) Social Security Number |
| sugabeth Palson Joress | an 217-01-9960 |
| 4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Tem White Married | 20. DATE DF DEATH NXX 20 19. 4.5 at 1.3 |
| 11:11: 82 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| B.(b) Name of husband or will the transfer to | |
| B.(c) If alive, give age 6.44 year | rs 19. 10 200 19. |
| 7. Birth date of Quantum 1 CC. | and that I last saw had alive on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| o. Aug. | A A |
| 60 10 24nin | 1. My de audition |
| 9. Birthplace Maryland | Due to |
| (Town, county, and state) | |
| 10. Usual occupation | Due fo |
| 11, Industry or business | |
| El Malan | Diher conditions expanded Is 4 whereas |
| 12. Name | Direct Conditions |
| 13. Birthplage | (Include pregnancy within 3 months of death) |
| 14. Malder marketise Crawford Watsa. 15. Birthplage Maryland | Major findings of operations flur garane affering |
| 15. Birthplace Maryland | |
| (1) Material Saux | |
| 1B, Inform (p) | Autopsy results |
| Address Hollywood bal. o | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Burials Date thereof 20x 23 19st | Z. T |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Accident, saletes, or nominate |
| Cemetery or crematory Muita Duthrung | Where did injury occur? |
| Husten & med | Injured et home, farm, Industry, public place (where?) |
| Location | Misens of injury injured at work? |
| 18. Funeral director Uniformical Type Religion | manie vi injuly |
| Address Thurmont, Mik. | (a) Homas |
| AUDIESS OD . D AA D | 23. SIGNATURE M. D. or other |
| 19 21- Vm 19 45 Elisabeth J. Heck | |
| (Date rec'd by registrar) Registra | ar Address Date signed Mutt |

MARGIN RESERVED FOR BINDING

NOV 23 1945 BUREAU V.E.

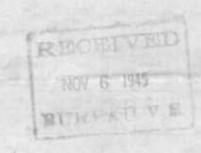
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

| 111 | 160 21 |
|------------|---------|
| Reg. Dist. | No. / 5 |

| | | | Atog. Diet. No | | | |
|---|---|---|--|---|--|--|
| 1. PLACE OF D | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
| City or tem Frederick (If outside city or town limits, write RURAL and give nearest town) | | | State Maryland County Frederick | | | |
| How long to above sig | f outside city or town l | limits, write RURAL and give nearest town) | City or term. Frederick (If outside city or town limits, write RURAL and give z | *************************************** | | |
| Hospital, Institution, | or street address where | doath occurred: | Siree No. 22 Clarke Place | | | |
| | 22 Clarke P | lace | (If rural, give LOCATION) | | | |
| | or Institution? | | 2.(a) If veleran, name warNONE | | | |
| 3. (a) FULL NAI | | | 3. (b) Social Securit | y Number | | |
| | | EDWARD PAYSON GALE | PTD stall man st | | | |
| 4. Sex Male | 5. Color or race White | 6.(a)Single, married, widewed, or directed Married | MEDICAL CERTIFICATION | | | |
| | 111111111111111111111111111111111111111 | Married | 20. DATE OF DEATH November 1st, 1945 | ,at 7:40Pm | | |
| 6.(b) Name of Jaustien | or wife Am | y Kemp Gale | 21. I CERTIFY that death occurred on the date above stated; that I attended de | | | |
| ******************************* | | | April 20th, 19 45 to November | | | |
| 7. Birth date of deceased (mo., day | yr.) Dec. | 16, 1859 | and that I lest saw h. im. alivo on November lst. | | | |
| 8. AGE: Yea | | Days tfless than one day | Immediate cause of death | OURATION | | |
| | 10 | 1/4hrs | nin. | | | |
| 9. Birtholace | Don't kno | PV | Due fo. | | | |
| | , | | | **** | | |
| 11 - 12 - 12 - 12 | | Instructor | Bue 10 | **** | | |
| 11. Industry or busine | | ^ | | | | |
| E | | mas A. Gale | | | | |
| | Julia Fu | rk State | (Include pregnancy within 3 months of death) | of year | | |
| 14. Maiden name | 5 | *************************************** | Major findings of operations | *************************************** | | |
| | | rk State | Oate of op | *************************************** | | |
| 16. Informani | Mrs. Edwa | ard P. Gale | | | | |
| Address | | k, Maryland | PHYS1C1AN: Please underline the cause to which death should be charge | d statistically. | | |
| 17 Buria | 1 m, or removal: Which? | Oate thereof Nova 1, 1915 (month) (day) (year) | 22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide | | | |
| | | livet Cemetery (year) | | | | |
| | | | (county) | (State) | | |
| | | cick, Maryland | Injured at home, farm, Industry, public place (where?) | | | |
| 18. Funeral director. | | Cline & Son | moans or injury injured at work? | | | |
| Address | Freder | rick, Maryland | - a course | 1 | | |
| 3 hor | 19. 1/5- | Elizabeth & Hed | 23. SIGNATURE C. H. Conley Addross. Frederick, Md. Oate signed | XXXXXX | | |
| (Date rec'd by r | egistrar) | Regist | Addross Frederick, Md. Conley Oate signed | 11/3/45 | | |



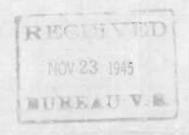
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830)

CERTIFICATE OF DEATH

11061

| | | | | 2006 2100 1100 (400000000000000000000000000000 | | | | | |
|---|--|---|---|---|--|--|--|--|--|
| 1. PLACE OF DEA | rick | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | | |
| City or town | Fred | lerick | *************************************** | State Maryland County Frederick | | | | | |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 35 Years | | | | City or town Frederick | | | | | |
| How long in above place | w long in above place of death? 35 Years (If outside city or town limits, write R spital, institution, or street address where death occurred: | | | | | | | | |
| | t Third | | | Streel No. 313 East Third Street | | | | | |
| H 1 | 4 112 11 6 | | *************************************** | (If rural, give LOCATION) | | | | | |
| How long in hospital or | | | | 2.(a) tf veteran, name war | | | | | |
| 3. (a) FULL NAME | | | | 3. (b) Social Security Number | | | | | |
| | CHARI | LES ED | VARD GEESEY | None | | | | | |
| 4. Sex | 5. Color or race | 6.(a)Single | married, widowed, or divorced | MEDICAL CERTIFICATION | | | | | |
| M | W | | M | | | | | | |
| | | | | 20. DATE DF DEATH. November 20, 1945, at 1 A | | | | | |
| 6.(b) Name of hesband | or wife Annie | May E | lizabeth Sunda | 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from | | | | | |
| | | | If ailve, give age 78 years | 18 Ag -, 10 July 2 John 18 G bys | | | | | |
| 7. Birth date of | Santami | | | and theil last saw h.a. alive on Say 19 15 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | | | |
| deceased (mo., day, y | | | | Immediate cause of death | | | | | |
| 8. AGE: Years | Months | Days | If less than one day | telegral Herman les Libres | | | | | |
| 80 |) 2 | 12 | | | | | | | |
| 9. Birthplace Nr. | Lewistov | vn-Fre | derick-Marylan | And Note at Semme. 5 Min | | | | | |
| 9. Birthpiace | (Town, | county, and st | ate) | Due to. | | | | | |
| 10. Usual occupation | Retire | d | *************************************** | | | | | | |
| 11. Industry or business | | | | Due Io | | | | | |
| 質 12. Name Th | nomas Gee | Sey | | | | | | | |
| 工 14. Name | ********************* | | ty Maryland | Other conditions | | | | | |
| | Amelia S | stull | ty Maryland | (Include pregnancy within 3 months of desth) | | | | | |
| E | redericl | Coun | ty Maryland | Major findings of operations | | | | | |
| ≥ 1 15. Birthplace | 10401101 | ~ ~ | o y mar y raire | Date of op. | | | | | |
| 16. informant | • HIIIITO | D. 40 | cscy | Antopsy results | | | | | |
| Address 313 | E. 3rd S | st., F | rederick, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | | |
| Burial | | | ,11/23/45 | 22. VIOLENCE: If death was due to external causes, fill in the following; | | | | | |
| (Burial, eremation, | or removal. Which?) | Date thereo | (month) (day) (year) | Accident, suicide, or homicide | | | | | |
| Cemetery or eremator | Mount | Olive | t Cemetery | Where did injury occur? (City or town) (Connty) (State) | | | | | |
| Cemetery of Wiemator | J | ****************** | *************************************** | | | | | | |
| Location | | | Maryland | Injured al home, farm, industry, public place (where?) | | | | | |
| 1B. Funeral director | | *** * * * * * * * * * * * * * * * * * * | son and Son | Meens of Injury tnjured at work? | | | | | |
| Address | Freder | rick, | Maryland | 4 N. Hedra | | | | | |
| 9.1 | | Ci | · () AA () / 1 | 23. SIGNATURE M. D. or other | | | | | |
| 19, | 19 4: | | Registron | Frederick, Mary Land 11-20-45 | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE C | F DEAT | H: | ri ek | | | 2. USUAL R | ESIDENCE (HO | ME) OF | DECEASED | : | |
|--|-----------------------|-------------------------------|---------------|---|---|---------------------------------|------------------------|--------------|---|--------------------|---|
| County | | Frede Frede | rick | *************************************** | | State Maryland County Frederick | | | | | |
| City or term (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime | | | | | State County County County City or town (If outside city or town limits, write RURAL and give nearest town) | | | | | .00000 | |
| How long in abo | vo place of | death? | 1etime | | | Oily Of Samilania | | | | | arest town) |
| nospital, institu | tion, or st | reet address where Frederi | ck Cit | y Hospital | | Street No | | | | t | *************************************** |
| | | stitution? | - | week | | 0 (a) 14 veterre | | Nor | LOCATION) | | |
| 3. (a) FULL | | | | *************************************** | ****** | Z.(th) Veteran, | name war | | 2 (5) 6- | . 1 6 | WL |
| | | PEA | RL MA | Y GOODSELL | | | | | | ial Security | Number |
| 4. Sex | 1.5 | i. Color or race | | e, married, widowed, or divorced | - 11 | | MEDIC | CAL CE | None | | |
| Fema | 3.0 | White | 707- | idowed | | | | | | | - 1-5 |
| rema | Te I | | | | | | Nove | | | | |
| B.(b) Name of h | | | | Goodsell | | 21. I CERTIFY th | at death occurred on t | he date abov | e stated; that | attended dece | O 1945 |
| 7. Birth data of | | | | c) If alive, give ege | years | | aw h 2 alive on | | | | |
| 8. AGE: | ., day, yr.) Years | Months | h 28-1 | 1 If less than one day | | Immediate cause | of death | | | | DURATION |
| o. Aul. | | 8 | 2 | | | Ce | rebal 74 | mer | Luye | ****************** | 1 wal |
| | 71 | | | Money and | min. | | 7 Larry | elegi | iu | A 20. | |
| 9. Birthplace | r r | ederick (Town | county, and a | Maryland | | Due to Chr | dia Nas | cular | Monal | - Zerren | Uyear |
| 1D. Usual occur | ation | Tien cel | ceeper | | | | ••••• | •••••• | *************************************** | ••••• | |
| 11. Industry or | | None | | | | Due to | | •••••• | **************** | | • |
| | | | s Aushe | rman | | | Diales | E 2 | . Ilita | | 1//2000 |
| 12. Name | | | sville, | | | Dther conditions. | | | | 1 | 10 years |
| | | Kata | Delaut | | | | (Include pregnancy | within 8 m | onths of death |) | |
| 14. Maiden 15. Birthpia | name | | .00 | | | Major findings o | of operations | | •••••• | ********** | |
| 名 15. Birthpia | ce | | sville, | | | | | | Date | e of op | |
| 1B. Informant | | Will | iam H. | Goodsell | | | | | | | |
| Address | | Fredd | erick, | Maryland | | | ease underline the c | | | | statistically. |
| Bu Bu | rial | | Date there | of Dec. 3, 1945 (month) (day) (year) | 5 | | If death was due to e | | | | |
| | | removal. Which | | | 11 | | , or homicide | | | | |
| al entered A | Children. | | | emetery | | wnere aid injury | occur?(City | or town) | (Cou | nty) | (State) |
| Location | | | | laryland | | injured et home, | farm, Industry, public | place (who | ere?) | | |
| 1B. Funeral dire | ctor | C. E. | Cline | & Son | | Means of Injury | | | Injured | at work? | |
| Address | | Frede | rick. M | arvland | | | H. Lau | | 7.11 | , | 2.0 |
| | | | GD | 1 - N an O1 11 | A . | 23. SIGNATURE | M. Lau | rence | ran | all ? | or other |
| 19. (Date ree'd | hy regist | 19 14 5 rar) | | habilly J. Her | (C) | 7 | coderit | 2 2 | M / | .Date signed | 12-1-45 |

DEC 4 1945
BUREAU V S

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2 CERTIFICATE OF DEATH



| 1. PLACE OF DE. | derick | - | | 2. USUAL RESID (For newborn i | ENCE (HOME) OF infants give residence of m | DECEASED: nother) Frederic | k |
|--|----------------------|-----------------|---|----------------------------------|--|------------------------------|---|
| Cily or town | outside city or town | limits, write R | URAL and give nearest town) | F | nodoniale | | |
| How long in above place | of dealh? 25 | Years | 3 | City or town(If o | outside city or town limits, | write RURAL and give n | earest town) |
| Hospital, Institution, or | street address where | death occurred: | • | Street No. 211 | Rockwell | Terrace | 1 |
| SIT ROC | KWETT TE | rrace | | | (If rural, give I | LOCATION) | |
| How long in hospital or | Institution? | | | . 2.(a) If veteran, name | war None | | |
| 3. (a) FULL NAM | E | | | | | 3. (b) Social Security | y Number |
| | FANNIE | OLIVIA | HAMMOND | | | None | |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | | MEDICAL CE | RTIFICATION | |
| F | W | | W | 20. DATE OF DEATH | November | 12th, 19.45 | ,at 8 P M |
| 6.(b) Hame of husband | Dr. | Robert | L. Hammond | 21. I CENTIFY that dea | ath occurred on the date abov | e stated; that I attended de | ceased from |
| | | 6.(c |) If alive, give ageyear | | | 45 , to Jan ! | 19 7 1 |
| 7. Birth date of deceased (mo., day, y | n.) Noven | iber 27 | 7, 1869 | | alive on Ja | | |
| 8. AGE: Years | | Days | If less than one day | Immediate cause of d | leath | **** | DURATION |
| 75 | 11 | 25 | hrsmin | 64.5 | | | // |
| 9. Birthplace WOO | (Town | , county, and s | ick-Maryland | Due to | flemid They | asa. | 9,2 |
| 10. Usual occupation | At Hon | 16 | | . Due to | | | |
| 11. Industry or busines | | | | | | | Parel |
| 当 12. Name | illiam F | [. Gilt | pert | Diher conditions | refeter hell | :tua | in Chiza- |
| | Frederic | k Cour | nty Maryland | | | | 1 |
| | Loretta | | | | ude pregnancy within 3 m | | ••• |
| 15. Birthplace | Frederic | k Cour | nty Maryland | | rauous | | |
| 16. Interment Mrs | | | | | none. | bale of op | *************************************** |
| | | | | PHYSICIAN: Please | nnderline the cause to whi | ch death should be charge | d statistically. |
| | | | ace, Fred'k, Md 11/15/45 (month) (day) (year) | 22. VIOLENCE: If de | eath was due to external caus | | |
| (Burial, cremation | or removal. Which | 2) | (month) (day) (year) | | omicide | | |
| Cemetery or cremato | | | et Cemetery | Where did injury occu | (City or town) | (Connty) | (State) |
| Location | Frede | rick, | Maryland | Injured at home, farm, | Industry, public place (who | ere?) | ,,, |
| 18. Funeral director | M P | Etch | ison and Son | Means of Injury | | Injured at work? | |
| | | rick. | Maryland | | 1, 11 . | - | |
| Address | 11000 | on o | D: A A D II A | 23. SIGNATURE | 1. Autu | Vesse M. D | M. D. |
| 19. 13 Wy (Date rec'd by re | 19 4.5 gistrar) | - 2 | lisabelle y Heck | Address Frede | rick, Mary | M. D Land Date signed | |



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

11064

| | s St., Baltimore 119.2 | |
|---|--|-------------------|
| CERTIFICAT | E OF DEATH | 3./ |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | 1 |
| County | (For newborn infants give residence of mother) State | |
| (If outside city or town limits, write RURAL and give nearest town) | Dodona | |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest | town) |
| Hospital, Institution of treet address, where death accompeditions of the street address where death accompeditions and the street address where death accompeditions are street address. | Street No. 6 - | |
| How long in hospital or institution? 21 turn. | (If rural, give LOCATION) 2.(a) If veteran, name war | |
| 3. (a) FULL NAME Cichard Tyleries X | Jeffreer 3. (b) Social Security Num | ber |
| 4. Sex 5. Color of race 6.(a) Single, marries, vidoned or divires | MEDICAL CERTIFICATION | 1105 |
| Male White Singles | 2D. DATE OF DEATH DECILLED 19 45 at. | //Aom |
| 6.(b) Name of husband or wife | 21. I CESTIFY that death occurred on the date above stated; that I attended deceased f | rom |
| | h -1 31 | 19. |
| 7. Birth date of deceased (mo., day, yr.) Cover 19 1945, | and thal I last saw h. A alive on | DURATION |
| 8. AGE: Years Months Days If less than one day | Mulgutulien | 1 week |
| o o o o o o o o o o o o o o o o o o o | | |
| 9. Birthplace Mederal (Town, goanty, and styre) | Due ta Confection Disorboth | Losys |
| 10. Usual occupation furtant | Due to. | |
| 11. Industry or busingss | | |
| 12. Name harly heard very 12. Name Tradered 13. Birthplace Tradered 19. Mary and | Dther conditions | ***************** |
| MANUADURA SIN | (Include pregnancy within 3 months of death) | |
| 15. Birthplack freddriele Courty, Morgland. | Major findings of operations | |
| 16. Informant Al Marilea Todal | Antopsy results | ************ |
| Address Moore lue Ash Medrich Ald. | PHYSICIAN: Please underline the cause to which death should be charged statis | tically. |
| 0 11/2/48 | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| 17 | Accident, euicide, or homicide | |
| Cemetery or exempton. Mr. Collection Consideration | Where did injury occur? | ate) |
| Location traderial less | Injured at home, farm, Industry, public place (where?) | , |
| 18. Funeral director M. R. Editerior Torre | Means of Injury Injured at work? | |
| Address Frakerido, beergland | 22 SIGNATURE H Laurence Faking | 20 |
| CP. 1 20 0, 11 2 | 23. SIGNATURE M.C. or other | ner |
| 19. d WY 19. 4.5 Challelle 3. 4.5 Registrar | Address Tecles 11- | -1-45 |



information should earefull of death clearly and legibly

please

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PLEASE WR

MARYLAND STATE DEPARTMENT OF HEALTH

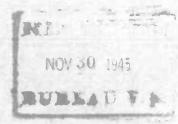
2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick (For newborn infants give residence of mother) Frederick Maryland Jefferson-Rural (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: (If outside city or town limits, write RURAL NEAR and give town) Near Jefferson Near Jefferson (If rural give LOCATION Stay in hospital or inst. (yrs., or mos., or days) -None Stay in this community (yrs., or mos., or days) ______ 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6, (a) Bingle, married, widowed, or divorced MEDICAL CERTIFICATION M Madora Easterday _6(c) if alive, give age__ 13, 1888 deceased (mo., day, yr.) August DURATION 8. AGE: Years It iess than one day Jefferson-Frederick-Marylan (Town, county, and state) Farmer 10. Usual occupation 11. Industry or business Clayton R. Hemp Frederick County Maryland Louise Notnagle important Frederick County Maryland the cause to which death should be Mrs. Madora E. Hemp charged statisti-Ot autonsy ____ Jefferson, Maryland Address 22. VIOLENCE: If death was due to external causos, fill in the following: Burial Date thereof 11/30 Accident, suicide, or homicide (month) (day) (year) St. Pauls Cemetery Where did injury occur?_ (City or town) (County) (State) Jefferson, Maryland injured at home, farm, industry, public place (where?). Etchison and Son Means of Injury injured et work? 18. Funeral director Frederick, Maryland Address 23. SIGNATURE

Address.

Registrar





PLAINLY, v is especially

WRITE

PLEASE

VS A15

and legibly.

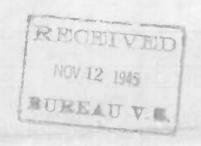
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-00

CERTIFICATE OF DEATH

11/60 Reg. Dist. No. 131

| I. PLACE OF DEATH: County Frederick City or town Frederick—Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Frederick Gity of the County Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. |
|---|--|
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| EMMA GERTRUDE JAMES | None |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| F C W | 2D. DATE DF DEATH November 8th, 1945 at 4:25A M |
| 6.(b) Name of husband or William James 6.(c) If alive, give age | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of Hehmiony 3 188 | and that I last saw h a alive on 19.45 |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death DURATION |
| 5. AGE: 5 | antie Stenosise 3mo. + |
| 9. Birthplace. Burkittsville-Frederick-Marylan (Town, county, und state) At Home 11. Industry or business 12. Name | Due to |
| 13. Birthplace Frederick County Maryland | (Include pregnancy within 3 months of death) |
| 14. Malden name Matilda Moore 15. Birthplace Frederick County Maryland 16. Informant John C. White | |
| 15. Birthplace Frederick County Maryland | Major findings of operations |
| 16 Informati John C. White | Autopsy results. |
| Address Jefferson, Maryland | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Burial Date thereof 11/12/45 (Burial, communities, or semeral, Which?) Cemetery or community Fairview Cemetery | 22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Location Frederick, Maryland | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director M. R. Etchison and Son | Means of Injury Injured at work? |
| Address Frederick, Maryland 19. 12 Maryland 19. 12 Maryland 19. 12 Maryland 19. 12 Maryland Registrar Registrar | 23. SIGNATURE M. D. M. D. or other Address Frederick, Maryland Date signed 11-8-45 |
| (Date rec'd by registrar) Registrar | Address |



MARGIN RESERVED FOR BINDING

VS A15

Address Frederick, Maryland Date signed 12-1-45

| City or town (1f c | of death? | death occurred Hospit | URAL and give nearest town) | (For newborn infants give residence of mother) State Maryland County Frederick City or town Frederick-Rural R. F. D. #5 (If outside city or town limits, write RURAL and give nearest town) Street No. Near Frederick (If rural, give LOCATION) None 2.(a) If veteran, name war. | | | |
|--|---------------------------------|--------------------------|--|---|--|--|--|
| 3. (a) FULL NAM | E ALBERT | J. JC | HNSON | 3. (b) Social Security Number None | | | |
| 4. Sex | 5. Color or race | 6.(a)Single | married, widowed, or diverced. | MEDICAL CERTIFICATION | | | |
| M | W | | M | 20. DATE OF DEATH. November 30, 1945 at 4:40Am | | | |
| 6.(b) Name of husband 7. Birth date of deceased (mo., day, | June 1 | 6.(c | leidman) If allve, give age 49 years 34 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 | | | |
| 8. AGE: Years | s Months | Days | If less than one day | | | | |
| 61 | . 5 | 18 | hrsmin, | Z days | | | |
| 9. Birthplace | Dry Clea . Own Bu J. John | siness | Business | Due to Caretomolila and electric trollag-care Callision Confer Conditions Diher conditions | | | |
| | | | | (Include pregnancy within 3 months of death) | | | |
| | Anna E Sweden | rickei | son | Major findings of operations | | | |
| | | | . Johnson erick, Md. | Autopsy results | | | |
| | St. Joh nersvill | ns Hai e, Pa | of 12/3/45 (month) (day) (year) ins Reformed Ce on and Son | Injured at home, farm, Industry, public place (where?) Injured at work? | | | |
| Address | Frederi | 20 | aryland | 23. SIGNATURE P.W - Baw Deputy Medica Examiner M. D. or other | | | |
| (Date rec'd by re | 19.45- | (_)& | Registrar | Address Frederick, Maryland Date signed 12-1-45 | | | |

DEC 4 1945
BUREAU V.S.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cises write the causes of death clearly and registly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore /3.

CERTIFICATE OF DEATH

Reg. Dist. No. 139

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|--|---|
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male White Single | 20. DATE OF DEATH. November 18 19.45 at 12:30Pm |
| 6,(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 27 19 45 to Nov. 18 19 45 and that I last saw h im alive on November 18 DURATION Pulmonary Tuber culosis 22 Mos. |
| 38 9 10hrsmin. | |
| 9. Birthplace | Tuberculous Enteritis 2 Mos. |
| 12. Name | Other conditions |
| 14. Malden name Dorothea Zimmisch 15. Birthplace Baltimore, Md. 18. Informant Deceased | (Include pregnancy within 3 months of death) Major fisdings of operations |
| Address 17. (Burist, eremation, or proval. Which?) Cemetery or crematyry And Address 18. Funeral director. Address Thurmont, Maryland | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| 19. (Date rec'd by registrar) Registrar | 23. SIGNATURE M. D. ROTEX Address State Sana torium, Md. Date signed. 11/19. |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 939

CERTIFICATE OF DEATH

Rog. Dilt. N.S. [] 3]

| 1. PLACE OF D | Hyon | derick | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|---|-------------------|------------------|---|---|---|-----------------------------|-------------------------|
| County | | •••••• | *************************************** | State Maryland | Cou | Frederic | k |
| How long in above place Hospital, institution, of | | 35 year | | City or towns. Freder | ederick outside city or town limits, write RURAL and give nearest town) 39 Park Place (If rural, give LOCATION) | | |
| | or Institution? | | | 2.(u) If veteran, name war | | | ******** |
| 3. (a) FULL NAM | | LOUIS | E KESSELRING | | | 3. (b) Social Secur None | rity Number |
| 4. Sex | 5. Color or race | 6.(u)Siegh | , married, widowed, or divorced | MI | EDICAL CE | ERTIFICATION | |
| Female | White | Ma | rried | 2D. DATE OF DEATH | Novemb | er 18- 19 | 45, 1:40 A |
| 6.(6) Name of husban 7. Birth date of deceased (mo., day, | | ester R s.c | • Kesselring b) If allve, give age 71 yea 2-1879 | 21. I CERTIFY that death occurr | red on the date abo | ve stated; that I attended | deceased from 19.4.5 |
| 8. AGE: Yea | | Days | If less than one day | Immediate cause of death | ********************* | | DURATION |
| ϵ | 6 9 | 6 | hrsml | 1. Cerebal Na | moule | ^L CL | 2 days |
| | Thurmont- | a, county, and a | tate) | Due to | | | |
| 11. Industry or busine | | | | Due to Arterys | destex | Heart Due | |
| 12. Name | Jacob J Pennsy | Reed Lvania | | Bither conditions | | | |
| | | eth Wile | es | (Include preg | gnancy within 3 r | months of death) | |
| 14. Malden name | Pennsy: | | | Major findings of operations | | | |
| | hester R. | Kessel | ring | Antonsy results how | | | *********************** |
| Address 6 | 39 Park P. | lace-Fre | ederick, Md. | PHYSICIAN: Please anderline | e the cause to wh | hich death should be cha | rged statistically. |
| Punic | | | Nov. 21-1945 (month) (day) (year) | 22. VIOLENCE: If death was to Accident, suicide, or homicide | | | |
| | | | Cemetery | Where did injury occur? | (City or town) | (County) | (State) |
| Location | Frede | rick, Ma | aryland | Injured at home, farm, industry | y, public place (wi | here?) | |
| 18 Funaral director | C.E.C | line and | d Son | Means of Injury | | Injured at work? | |
| Address | | rick, Ma | | 23. SIGNATURE | 1.6 | Perso M. | 8. |
| 19. 19 Nov | | - [8] | izabeth y Hel | 23. SIGNATURE | is ha | Date sig | D. or other |



n. a. a. Pearre

2411 N. Charles St., Baltimore /3

11070

CERTIFICATE OF DEATH

1.20

| 1. PLACE OF DEATH: | rederick | 2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of | F DECEASED: mother) | | |
|--|--|--|-------------------------------|--|--|
| county | | state Maryland co | State Maryland county | | |
| (If outside city or to | e to ri um Maryland wn limits, write RURAL and rive nearest town | City or town Baltimore (If outside city or town limit | | | |
| How tong in above place of death? | ince 10/5/45 | | | | |
| Marvland Tube: | rculosis Sanatori um | Street No. 632 S. Bond | LOCATION) | | |
| How long to hospital or institution? | ince 10/5/45 | 2.(a) tf veteran, name war | | | |
| 3. (a) FULL NAME | | | 3. (b) Social Security Number | | |
| Stephen J. | Knapik | | 216-01-2153 | | |
| 4. Sex 5. Color or race | 6.(a) Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION | | |
| Male Whit | e Married | 20. DATE OF DEATH November | 24 19 45 at 7:25 | | |
| 6.(b) Name of booksal & wife Ma: | ry D. Knapik | 21. I CERTIFY that death occurred on the date abo | | | |
| • | | October 5 | | | |
| 7. Birth date of deceased (mo., day, yr.) 12 | /29/1907 | | | | |
| 8. AGE: Years Months | Days If less than one day | Pulmonery Tuber | | | |
| 37 10 | 26hrs. | min. | 0 | | |
| 9. 8irtholace Baltimo | re, Md. | | ٠ | | |
| y. Stringlade(T | re, MQ. | | | | |
| 1D. Usual occupation Barte | nd er | Due to | | | |
| 11. Industry or business | | | | | |
| II 12. Neme | ı J. Knapik | Dther conditions | | | |
| | timore, Md. | (Include pregnancy within 8 | | | |
| 14. Maiden name Monica 15. Birthplace Bal | Krieger | | | | |
| E 15 Birthpiace Bal | timore, Md. | Major fiadiogs of operations | | | |
| Degas | sed | Aotopsy results. | | | |
| | × | PHYSICIAN: Please underline the cause to w | | | |
| Address | 91 -27 12 | 22. VIOLENCE: If death was due to external car | uses, fill in the following: | | |
| 17. Dural (Burlai, cremation, or gemoval, Wi | Date thereof 1055, 28, 191 | Accident, sutcide, or homicide | Date of | | |
| Cemetery or crematory 42 | Holdross | Where did injury occur?(City or town) | (Carata) (Carata) | | |
| 9.00 | way me | tnjured at home, farm, Industry, public place (w | | | |
| Location | 7 - 8 - 1 - 1 | Means of Injury | tnjured at work? | | |
| 18. Funeral director Martin | 2 Wallspale | mounts of injery | | | |
| Address 37 South | Mun Stry | | Line | | |
| 11/1×41645 | 12/1/6- | 23. 0100001000000000000000000000000000000 | м. D. Ж.Ж.Ж | | |
| (Date reg d by registrar) | Re | gistrar Address State Sam tori | im Md. Date signed 11/24/ | | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly

The correct age

RECEDIT NOW 27 1945

Moleculor

MARGIN RESERVED FOR BINDING

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /5

CERTIFICATE OF DEATH

11071

Reg. Dist. No. 139

| 1. PLACE OF DEA | מיוא | derick | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
|--|---------------------|-----------------|---|--|--|---|--|--|
| County Stat | te Sanat | ori um. | Mary land | State Maryland County County Baltimore City or town Baltimore Street Street County County Street County Cou | | | | |
| (If or | staide city or town | limits, write R | Mary land URAL and give nearest town) 745 | | | | | |
| How long in above place Hospital, Institution, or | of death? | dooth accurred | | (11 odeside city of cown filmes, write 1 | (it odolide ity of cown limits, which it of the give heartes sowill) | | | |
| | | | Sana tori um | Street No. 421 N. Paca St. | | | | |
| How long in hospital or | Si | nce 9/ | 17/45 | (If rural, give LOCATION) 2.(a) If veteran, name war | | | | |
| 3. (a) FULL NAME | | | ······································ | | | | | |
| | vin Leek | | | 3. (b) Social Security Number 214-18-2540 | | | | |
| | | | | | | .0 | | |
| 4. Sex | 5. Color or race | | , married, widowed, or divorced | MEDICAL CERTIF | | | | |
| Male | White | 1 | Married | 20. DATE OF DEATH NOvember 23 | 1945 | 11:50P | | |
| | | | ek | 21. I CERTIFY that death occurred on the date above stated; | that t attended decease | ed from | | |
| *************************************** | | 6.(0 |) if alive, give age49 years | September 17 19 45 10 Nov-23 19 45 and that last saw h im alive on November 23 19 45 | | | | |
| T. Birth daie of deceased (mo., day, ye | 3/5/ | 1895 | \ | | _ | | | |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of death Pulmonary Tub erculos | sis | 28 Mos. | | |
| 50 | 8 | 18 | hrs, | | | | | |
| 9. 8irthplace | Bel time | re Ma | 1 | - | | 000000000000000000000000000000000000000 | | |
| 9. 8irthplace | (Town | , county, and s | tate) | Pulmonary Hemorrhage | A | Few Mir | | |
| 10. Usual occupation | Interi | or Dec | corator | | | 1011 11111 | | |
| 11. Industry or business | | | | Due to | | | | |
| ≈I W- | Illiam I | eek | | - | *************************************** | | | |
| 芒 12. name | Germany | | *************************************** | Other conditions | | | | |
| | | | | (Include pregnancy within 3 months of | death) | | | |
| 14. Maiden name | | | ton | Major findings of operations | | | | |
| 2 15. Birthplace | Bal ti mo | re, Ma | aryland | | | | | |
| 16. informant | Decease | d | | Autopay resplis. | | | | |
| | | | , | PHYSICIAN: Please nuderline the cause to which death | | | | |
| Address | A | | 7/1- 1 27 101 | 22. VIOLENCE: If death was due to external causes, fill in | the following; | | | |
| 11. Buris. (Burisi, cremation, | or rem vak Which | Date there | (month) (day) (year) | Accident, suicide, or homicide | Date of | | | |
| Cemetery ex cremator | . Walt | un me | National | Where did injury occur? | | | | |
| | 1.1 | | | | | | | |
| Location | | | Tha | tnjured at home, farm, tndustry, public place (where?) | Injured at work? | *********************** | | |
| 18. Funeral director | M. L. | Creage | er & Son | Means of Injury | injured at works | | | |
| Address | Thurmo | nt. Ma | ryland | 1 till . Dunas | | | | |
| 11/22 | | - | 10772 | 23. SIGNATURE | M. D. X | XCINENC | | |
| 19 | 19 4 | | J. W. C. | State Same tom um Md Aband 11/21/15 | | | | |

RECUSTO V.E.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-0

CERTIFICATE OF DEATH



| | | | OLICE III IOI | Reg. Dist. No. | | |
|--|--------------------|-------------------------|---|---|--|--|
| 1. PLACE OF DEA | Praderic | k | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or Frederick (If ontside city or town limits, write RURAL and give nearest town) Street No. 131-A West South Street (If rural, give LOCATION) 2.(a) If veteran, name war. None | | |
| City or 4cmm(If or (If or How long in above place Hospital, institution, or | of death? | mits, write R YOUR S | URAL and give nearest town | | | |
| How long in hospital or | | | | | | |
| 3. (a) FULL NAME | | •••••• | ••••••••••••••••••••••••••••••••••••••• | | | |
| J. (a) I OLL HAME | | ASHBY I | LOCKE, SR. | 3. (b) Social Security Number None | | |
| 4. Sex | 5. Color or race | 6.(a)Singl | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male | White | | Married | 20. DATE OF DEATH November 9 19 15 21 1:55 | | |
| B.(b) Name of huchand | or wife Mary | A. Lea | ase Locke | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| 7. Birth date of | | | c) If allve, give age 72 year | ars and that I last saw h. Malive on 2019 | | |
| deceased (mo., day, y | | | 1, 1866 | Immediate cause of death DURATION | | |
| 8. AGE: Years 79 | Months 2 | Days 8 | If less than one dayhrsmi | in. Cerebral Hemorhage 6 day | | |
| 9. Birthplace | Charlesto | wn, Wes | st Virginia | | | |
| 10. Usual occupation | Retired | B&O E | onductor | | | |
| 11. Industry or business | 37 | | | Due to Arterno - Scharous | | |
| 当 12. Name | | lliam] | Locke | Other conditions | | |
| I3. Birthplace | West Vi | | | | | |
| 五 14. Maiden name | Honora | Farnesv | worth | (Include pregnancy within 8 months of death) | | |
| 14. Maiden name 15. Birthplace | West Vi | റത് ന് മ | | Major findings of operations. Zuonale | | |
| 16. Informant | | | Locke | Autopay results. Not done | | |
| | Frederi | | | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address | | | | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| 17 Burial (Burial) | or removal, Which? | Date then | (month) (day) (year) | | | |
| | Mt. 0 | | | Where did injury occur? (City or town) (County) (State) | | |
| Location | Frede | rick, N | Maryland | / / | | |
| 18. Funeral director | C. E. | Cline | & Son | Means of Injury Injured at work? | | |
| Address | Freder | rick, N | Maryland | 15 Harb Mu | | |
| 19. 11 - Non | 19.4.5. | 13 | lisabile & tech | 23. SIGNATURE M. D. or other Address Address Date signed 1/-10-4 | | |



THE TAX OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

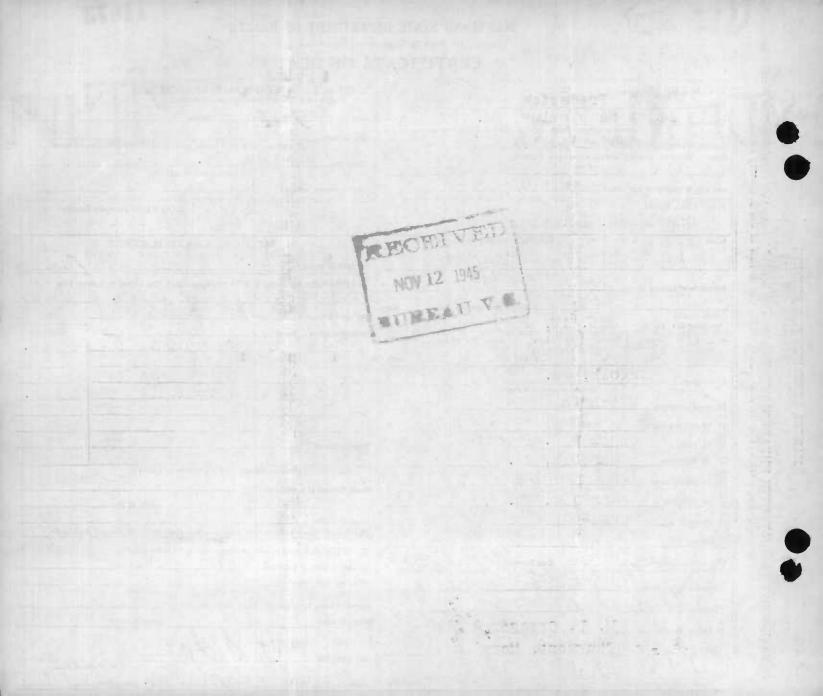
| | | | 24 | S . | 00 |
|-----|-------|----|----|-----|----|
| | | | | Ŀ | 39 |
| Dag | Dist. | No | | | 1 |

| 1. PLACE OF DE | ATH: | erick | | 2. USUAL RESIDE | NCE (HOME) Of fants give residence of | F DECEASED: | | |
|---|---------------------------|---|---|--------------------------|---------------------------------------|--|---|--|
| County | | | 3 7 3 | Marv | Menuland | | | |
| City or fown | te Sanat | Orlum | WQ. | Rs | altimore | inty | | |
| | e of death? Si | | | City or town(If on | taide city or town limits | s, write RURAL and give ne | areat town) | |
| Hospital, Institution, o | r street address where | death occurred | : | 842 | Park Ave. | | | |
| | | | Sanatorium | STREET AO | (lf rural, give | LOCATION) | | |
| How long in hospital o | or Institution?Si | nce 9, | 6/45 | 2.(a) If veteran, name w | 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAM | IE . | | | | | 3. (b) Social Security | Number | |
| Charl | es O. Lo | vette | | | | 225-12-05 | 504 | |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | | MEDICAL CI | ERTIFICATION | | |
| Male | White | | Divorced | 20. DATE OF DEATH | Nov. 8 | 19.45 | 7 P | |
| 6.(b) Name of husband | or wife | *************************************** | | 21. I CERTIFY that deat | h occurred on the date abo | ove stated; thal I attended dece | eased from | |
| | | 6.(6 |) tf alive, give agey | ears Septemor | In No | 45 10 Nov. 8 | 194.2 | |
| 7. Birth date of deceased (mo., day, | w Oct | 12, 18 | 189 | and thet I last saw h | LM alive on NC | ovemmer o | 19.4.2 | |
| 8. AGE: Year | | Days | If less than one day | Immediate cause of de | arv Tubero | | DURATION | |
| 56 | | 27 | hrs. | Pulmons | ary Tubero | urosis | 9 Mos. | |
| a Bluthalosa N | orfolk, | Va. | | XXXXXX | | | *************************************** | |
| | (Yown | , county, and a | tate) | Larynge | eal Tubero | culosis | 4 Mos. | |
| 10. Usual occupation. | Watchma | <u>n</u> | *************************************** | Due fo | | | | |
| 11. Industry or busines | SS | | | 00010 | | | | |
| E 12 Name | Charles | C. Lo | vette | Other conditions | | | | |
| 12. Name | Norfo | | | | | | | |
| | Trene M | | | (Inclu | de pregnancy within 3 r | months of death) | • | |
| 14. Maiden name 15. Birthplace | | | *************************************** | Major findings of opera | ations | ************************************** | | |
| ≥ 15. Birfhpiace | Norfo | lk, Va | i. | | | Bate of op | | |
| 16. Informant | Decease | d | | Antopsy results | | | ************************ | |
| Address | | | | PHYSICIAN: Please no | nderline the cause to wl | bich death should be charged | statistically. | |
| 0 | . 0 | | n-17,011 | 22. VIOLENCE: If dear | th was due to external cau | ises, flil in the following; | | |
| 17. (Burial, cremation | L n, or remoyal. Which | Date there | (month) (day) (year) | Accident, suicide, or ho | mtcide | Date of | ••••• | |
| Cemetery or crepth | 101 | rida. | Cemeter | | (City or town) | (County) | (State) | |
| Cemeter) of General | 10 404 0 - 27 | - los | L | | | here?) | | |
| Location . | | - | | | manerty, public place (w | fnjured at work? | ••••••••• | |
| 18. Funeral director | M. L. | Crea | ger & Son | Meens of Injury | 0/1 | Injures at work? | | |
| Address | Thur | nont. | Maryland | | 14.10.0 | Lun | | |
| nov S | 8 111 | _ | to/mn | 23. SIGNATURE | | M. D. | XXXX | |
| 19. (Date rec'd by re | egistrar) | **** | Regist | Tar Address State | Sanatoriu | im, Md. Date signed. | 11/9/45 | |
| , | -6 | | | MUNICOS | | The state of the s | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death elearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



11074

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

Reg. Diat. No. 136

| | Reg. Dist. No |
|---|---|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| . 60 | State MARYLAND County FREDERICK |
| City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Streef No. N.R. THURSTON |
| | (If rural, give LOCATION) |
| How tong in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| EDMUND WAGNER MEEL 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | FRESH IR. NONE |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| MALE WHITE SINGLE | 20. DATE OF DEATH NOV 5 (?) 19 4.5 21 ? |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | |
| 7. Birth date of deceased (mo., day, yr.) SEPT, 19 1914 | and that I last saw h |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 3 / / / / hrsmin. | would the |
| 0/ | pacially from |
| 9. Birthplace THURSTON FREDERICK MD. (Town, county, and state) | Bue to Description |
| 10. Usual occupation FARMER | |
| 11. Industry or business FARMING | Due to |
| 12. Name F. P. M. V. P. W. A. G. W. E. R. M. E. F. F. R. F. J. J. Stringlage THURSTON FREDERICK-CO. | Other conditions |
| | MD, |
| 14. Maiden name. JANE ELEASE SIMMONS 15. Birthplace THORSTON FREDERICK-COMM | (Include pregnancy within 3 months of death) Major findings of operations |
| \$ 15. Birthplace THORSTON FREDERICK-CO, VI | Date of on |
| 16. Informant BESSIE L. HIPKINS | Autopsy results |
| Address HYATTSTOWN MD | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. BURIA (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| | Accident, evicide, or homicide. Surcedl Date of NoV T. 45. |
| Cemetery or crematory FAMIA DI | (City or town) / (County) (State) |
| Location NRL HYATTSTOWN MP | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director. VX 1 L B U P D E T T E | Masns of Injury 2 Col wife Injured at work? W |
| Address HYATTSTOWN ND | N. W. Bally Dick BAER |
| 19/1/9 1945 9,0 Hudselcs | 23. SIGNATURE |
| (Date roc'd by registrar) Registrar | Address Date signed J. D. Date signed |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



PLAINLY, WITH UNF is especially important.

PLEASE WRITE

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

11675

CERTIFICATE OF DEATH

Reg. Diat. No. 139

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street Ho. 718 Washing ton Blvd. (If rural, give LOCATION) 2.(a) If veteran, name war. |
|--|--|
| Joseph McKenna | 216-12-8410 |
| Male S. Color or race 6.(\alpha) Single, married, wildowed, or divorced Married | MEDICAL CERTIFICATION 20. DATE OF DEATH NO Vember 28 19.45 31.5.55P M |
| 6.(b) Name of KNADX: wife. Bernadette McKenna 6.(c) If alive, give age. 26 years 7. Birth date of Tan 24 1017 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 26 19.45 to Nove 28 19.45. and that I last saw h imalive on November 28 19.45. |
| 8. AGE: Years Months Days If less than one day 28 10 4 | Pulmonary Tuberculosis DURATION 14 Mos. |
| 9. Birthplece Baltimore, Maryland (Town, county, and state) 1D. Usual occupation. Milkman 11. Industry or business 12. Name Joseph C. McKenna | Tuberculous Meningitis 1 Wk. |
| Joseph C. McKenna 12. Name Baltimore, Md. | Other conditions (Include pregnancy within 8 months of death) |
| 14. Malden name. Jane W. Riddell 15. Birthplace Baltimore, Md. | Major fiedings of operations |
| 16. Informant Deceased | Actorsy results |
| 17. Burial Date thereof 12/1/15 (Burial, cremation, or removal. Which?) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Where did injury occur? |
| Baltimore, Md. | Injured at home, farm, industry, public place (wherer) |
| 18. Funeral director M. L. Creager & Son Address Thurmont, Maryland | · OM A |
| 19. (Date rec'd by registrar) Registrar | 23. SIGNATURE M. D. RXXXX Address. State Sana tori um. Md. Date signed 11/29/45. |

DEC 3 1945 BUNKAU Y.E. AND THE STREET, SHEET, SEED, SHEET, S

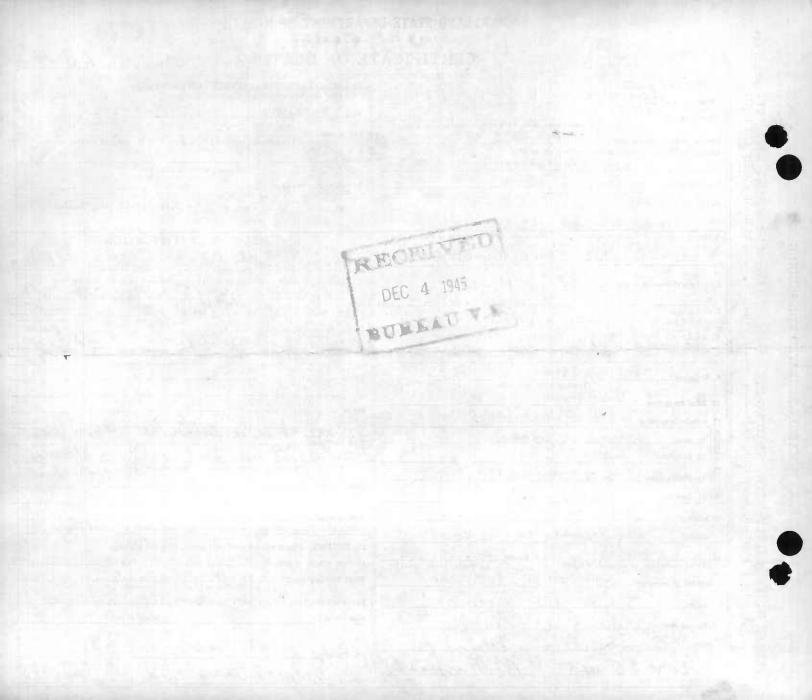
1)MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



| CERTIFICA | FE OF DEATH Reg. Dist. No. 13 44 | | |
|---|--|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town. (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war. | | |
| 3.(a) FULL NAME Irene McSweeny (Sister Irene) 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Sister of Charity | 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. No.5. 2.3 | | |
| 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 65 11 21 hrs. min. 9. Birthplace New York City (Town, county, and state) 10. Usuat occupation Teaching 11. Industry or business Sister of Charity 12. Name Daniel E. McSweeny 13. Birthplace Cork, Ireland 14. Maiden name Mary Agnes Reilly | 21. I CERTIFY that death occurred on the date above stated; that I attended decoard from 19 10 25 19 19 19 19 19 19 19 19 19 19 19 19 19 | | |
| 14. Maiden name. Mary Agnes Reilly 15. Birthplace Brooklyn, N.Y. 16. Informant Sister Isabel, Visitatrix Address St. Joseph's Central House 17. Burial Date thereof Nov. 26, 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Joseph's (private) Location Emmitsburg, Maryland 18. Funeral director Address Emmitsburg Mal | Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Mere did injury occur? It. Josephia College/ Gamanitaliang/ Manyloanda. (County) Injured at home, farm, industry, public place (where?) Statena Injured at work? 23. SIGNATURE M. D. or other | | |

VS A15



2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

11077

| City or town | derick deport outside ety or town is e of death? | imits, write RURAL and give nearest town) UNG. death occurred: | Street No | | |
|-----------------------|--|---|---|--|--|
| 3. (a) FULL NAM | Charles and the Control of the Contr | | 2.(a) If veteran, name war | | |
| J. (a) 1022 HILL | | | | | |
| 4. Sex | Edgar A. | Miller 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| M | W | married | 20, DATE OF DEATH NOV 24 1945 at 2A N | | |
| 7. Sirth date of | ••••• | Hockensmith Miller | 21. I CERTIFY that death occurred on the date above stated; that Ditended deceased from | | |
| 8. AGE: Year | | Days If less than one day 10 hrs | Immediate cause of death augusthoge / day | | |
| 10. Usual occupation. | | county, and state) | Due to Nepherteusion to several years Due to | | |
| E | | ller O, Md | Other condilions | | |
| 15. Birthplace | redpc | | Major fiadings of operations | | |
| 16. InformanfM.I | | ller | Antopsy results | | |
| 17. Burial | n, or removal. Which? | | Where did Injury occur? (City or town) (Connty) (State) | | |
| | | 3,Md. | Manage of Injury (Injury) | | |
| 1B. Funeral director | | & SON | hr 0 | | |
| 19. (Date rec'd by re | 25 . 45 | town, Md. | 23. SIGNATURE M. D. or other M. D. or other Address Summit Courg Owl Date signed 11.24.45 | | |



The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and region

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

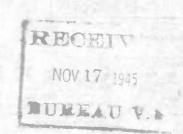
2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

1107834

| | | Reg. Dist. No. |
|--|---|---|
| 1. PLACE OF DEATH: County | Rural Emmitsburg, Md. Himits, write RURAL and give nearest town) 50 years re death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Fredrick City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Emmitsburgs, R.D. (If rurn) give LOCATION) 2.(a) If veteran, name war. |
| MissEmma C.M | oore | 3. (b) Social Security Number |
| 4. Sex 5. Color or raco | 6.(a)Single, married, widowed, or divorced Single | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE |
| 7. Birth date of deceased (mo., day, yr.) Octo | ber 18 1870 | 21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 8. AGE: Years Months | Days It less than one day 24hrsmin. | Coronary osclusion / Kow |
| 10. Usual occupation | nown n, county, and atate) sekeeper Moore | Due to. Artoriosslurotis several Cardio - Vas - disessa years Due to. |
| 13. Birthplace Glosse Hobec 14. Maiden name Rebec 15. Birthplace Washi | ster Mass Ca Dielman Ogton, Do | (Include pregnancy within 3 months of death) Major findings of operations. |
| Address Jhurms 17. Bur 12 1 (Burial, cremation, or removal, Whice | Modely Maryland. Date thereof NOV 16. 1945 (month) (day) (year) | Actopsy results |
| Cemetery or crematory. St An | thony,s Shrine Cemete | Where did Injury occur? |
| 18. Funeral director Emmits by 19. Date rec'd by registrary 18.4 | - M. F. Shuff | 23. SIGNATURE M. D. or other Address Munich Buley (Del Date signed 11.13-45 |

MINISTER NATIONAL



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

11070

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DE | H'mad | erick | CHOR MENTAL STATE | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|---|---|--|--|-------------|
| Couoty | al linion | Bric | ~ O^A | We are I are do a la l | |
| Couoty | | | | State Maryland County Frederick | |
| The state of the state of the state of | | | | City or town Rural Union Bridge | |
| | of death?street address where t | | ······································ | City or town | |
| nospital, institution, or | street address where t | leath occurre | The state of the s | Street No. | ********** |
| -0.000000000000000000000000000000000000 | *************************************** | *********** | | (If rural, give LOCATION) | |
| How long in hospital or | Institution? | | *************************************** | 2.(a) if veteran, name war | ******** |
| 3. (a) FULL NAM | FI | 1.41 | 1 | 3. (b) Social Security Number | |
| | Elize | | | | |
| 4. Sex | 5. Color or racs | 8.(a)Singi | e, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Female | White | Si | ngle | | |
| | | | 0 | 20. DATE OF DEATH 1845 at 18 | 4. P. M |
| 6 (h) Name of huchand | or wife | | 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Of TOPPTIPE that doubt are not as the date above shade that I start and decreased from | . 2 |
| | | | | | |
| 7 Right date of | *************************************** | 6.(| e) If alive, give ageyears | s diag 1 | 45 |
| deceased (mo., day, y | r.) Fe | b'y | 23, 1930 | | |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of death | ATION |
| 15 | 8 | 25 | hrs. min. | Freeling Hull | |
| | 77 00 | | | bacualida of keam who | |
| 9. Birthplace | arroll Co | . Mai | yland | Due to Fra chie of what | re |
| | (Town, c | connty, and | tate) | | |
| 10. Usual occupation | 2101 | | | *************************************** | |
| 11. Industry or business | | | | Bus 10 | |
| | ward E. A | aiII | | - | |
| 1 = | Mo | rylar | - A | Dther conditions | |
| | | <u> </u> | | (Include pregnancy within 3 months of death) | |
| 14. Maiden name | Ella E. | Glas | SS | (Include pregnancy within 3 months of death) | |
| LO | | rylar | 10 | Major findings of operations | |
| ≥ 15. Birthplace | | | | | |
| 16. Informant | . Edward | E. Na | ILL | Autensy results | |
| | Union | Brid | lge, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically | |
| Address | | | | 22. VIOLENCE: If death was due to external causes, fill in the following; | |
| Buria | al | Date there | 11-20-45 (month) (day) (year) | Accident, suicide, or homicide. Accident Dats of 11.18 4 | 5 |
| (Burial, eremation, | or removel, Which?) | ONTE | (month) (day) (year) | Accident, suicide, or homicide. | |
| Cemetery of eremeter | Beth | | | Where did injury occur? (City or town) (Freque (Cognety) (State) | |
| Hear Tav | lorsville | . Car | roll Co. Md. | (City or town) / (County) (State) Injured at home, farm, Industry, public place (where?) | nd. |
| Location | *************************************** | | | | *********** |
| 18. Funeral director | С. | M. V | Valtz | Means of injury Cuto Injured at work? | |
| 18. Funeral director C. M. Waltz Address Winfield, Md. | | | | 7 /200 | |
| Address WIIII TETU, Mid. | | | | 23. SIGNATURE P.W. Ban | |
| " nor | 20 1945 | - | 1/2 Gurduder | M. D. or other | |
| (Date rec'd by reg | istrar) | • | Registrar | Address Freduck 119 Date signed 11.18 | . 75 |

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: Trederica | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| City or town. (If ontside city or town limit, write RURAL and give nearest town) | State County |
| | City or lown |
| Now long in above place of death? | |
| | Street Ho |
| How long in hospital or institution? | 2.(a) If veleran, name war. |
| 3. (a) FULL NAME MANY M. Mor | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION 29 DATE OF DEATH November 18 1845 at 34 |
| 6.(b) Name of husband or wile Kufful Mount Manager S.(c) If alive, give age System | 21. I CERTIFY that feath occurred on the dale above stated; that I attended deceased from |
| 7. Birth date of decessed (mo., day, yr.) Dec, 29. 1890 | and that I last saw h |
| 8. AGE: Years Months Days to less than one day 10 20 | Carcinoma of Uterna 18 m |
| 9. Birthplace (Town, county, and state) | Bue lo |
| 10. Usual occopation Huse Walk | Due to |
| 11. Industry or bosiness | |
| 12. Name Sanuel Conflor 13. Birthplace Hagerstours and | Other conditions |
| 13. Birthptace Tagers | (Include pregnancy within 3 months of death) |
| 14. Maiden name. | Major findings of operations |
| \$ 15. Birthplace | Date of op. |
| 16. Informati Rufus W. Marwood | Autopsy results |
| Address mit airy med. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year) | 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory. Clasself Trave | Where did injury occur? |
| Location Mit acry Carroll Cu. | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director K. M. Swider | Means of Injury Injured at work? |
| Address mt. airy ma, | Ernest P. Roop het. |
| 19 How 19, 18 45 Blance a. Ruck | 23. SIGNATURE New Worker Md D. or other rar Address. Mew Worker Md Date signed 11-19-44 |

THE PARTY OF THE PROPERTY OF STATE OF S

HITCHO STAUTHTES

RUCUTVED NOV 21 1945

The correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9330

CERTIFICATE OF DEATH

| 3. LOSIONE (HOME) OF DECESSE): (Correction of the control of the | | Rog. Diet. No |
|--|---|---|
| City or town III Cutable city or towy lipids, were to gibble. The gibble and give cearest town) Bires line place of death? Street line place of death. Street line place place of death. Street line place place of death. Street line place p | | (For oewborn infants give resideoce of mother) |
| Street Re. (If rura), give LOCATION) 3. (a) FULL NAME Annu Peles Standbury Ohler 3. (b) Social Security Number 4. Sex Social ruse (A) Single, married, didened, or diversed White Standbury Ohler 4. Sex Social For ruse (A) Single, married, didened, or diversed White Standbury Ohler 5. Obtained by Social Security Number 2. Sex Social Function Ohler Standbury Ohler 3. (b) Social Security Number 3. (c) Home of bushad se-wide Social Security Number 2. Sex Social Security Number 2. Sex Social Security Number 2. Sex Social Security Number 3. (b) Social Security Number 2. Sex Social Security Number 2. Sex Social Security Number 3. (c) Home of bushad se-wide Social Security Number 2. Sex Social Security Number 3. Sex Social Security Number 2. Sex Social Security Secur | (If outside city or town limits, write EURAL and give cearest town) | 1 2 2 : +1 |
| 3. (a) FULL NAME 1. Sex 1. S | Hospital, institution, or street address where death occurred: | Street No. |
| Service Solver rise (1.0) Single, married, widowed, or diverced Service Servic | How long in hospital or inetitution? | 2.(a) If veteran, name war |
| Semale White Widow 8.(0) Name of hurband on-wide for the Research Delease of the Second of the Seco | annie Reese Stansbu | ry Ohler 3. (b) Social Security Number |
| 8. Cof Halle, gire age year deceased (no. day, yr.) November 24, 186/ 8. AGE: Years Moniha Baye II less than one day year of the state | 1 | 101.28 45 11 |
| Image Imag | | 1926 10 10 10 10 28 185 |
| 9. Birthplace (Town, counts, and state) 10. Usual occopation. 11. Industry or businese 12. Name // Superal Address (Include pregnancy within 8 months of death) 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations. Mator death Major findings of operations. Major findin | deceased (mo., day, yr.) November 24, 1861 | Immediate couse of death |
| 10. Usual occepation | maryland | vocular deces |
| 12. Name | (Town, county, und state) | |
| (Include pregnancy within 3 months of death) 15. Birthplace 16. Informant Addreee Autopsy results PHYSICIAN: Please underline the cause to which deoth should be charged stotistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide. Bate of Where did injury occur? Cemetery or crematory Location Address Address Address Address Address Address Address Address Address Autopsy results PHYSICIAN: Please underline the cause to which deoth should be charged stotistically. Accident, suicide, or homicide. Bate of Where did injury occur? (City or towo) (Coonty) (State) Injured at home, farm, industry, public place (where?) Meane of Injury Injured at work? | | Other conditions Chronic Chole eystates several years |
| Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; (Burial, cremation, or removal, Which?) Cemetery or cremators Location Location Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or towo) (Coonty) (State) Injured at home, farm, industry, public place (where?) Meane of injury 18. Funeral director Address Address Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or towo) (Coonty) (State) Injured at home, farm, industry, public place (where?) Meane of injury 23. SIGNATURE 23. SIGNATURE | | |
| Address Address Anglown Mark Means of Injury PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following; Accident, suicide, or homicide | miller 1011 | |
| 17. Bale thereof Doc. 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Location Location Address Action, or removal, Which?) Bale thereof Doc. 1945 (month) (day) (year) (month) (day) (year) Where did injury occur? (City or towo) (Coonty) (State) Injured at home, farm, industry, public place (where?) Meane of injury 18. Funeral director Address Address Address Address Address Action, or removal, Which?) Where did injury occur? (City or towo) (Coonty) (State) Injured at work? 23. SIGNATURE 23. SIGNATURE | 1 · +1 · on1 | |
| Location Communications of Injured at home, farm, industry, public place (where?) 18. Funeral director Consultations of Injury Injured at work? Address Saneytown Means of Injury 23. SIGNATURE 23. SIGNATURE | 1 X 1 1 1011 - | |
| 18. Funeral director. C. D. Fulls & Son. Address Saneytown Means of Injury Injured at work? 23. SIGNATURE. W. A. Cadle Me D. 23. SIGNATURE. | Cemetery or cremators and the financial Commentary | Where did injury occur? |
| 18. Funeral director W.A. Cadle 20 23. SIGNATURE W.A. Cadle 20 2 | Location Community The Location To Many The Location Language | |
| 23. SIGNATURE | 1 + 1 × 1 | 100 000 |
| 19. The rec'd by registrary 18. Aldrew Market 1. 29. 43 | 1. Dec 1- 1.45 M.F. Shreft | 23 SIGNATURE |

RECEIVED 0°C 12 1945

BUREAU V.S.

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 23-0

Reg Diet No. 131

| | | | | | *************************************** |
|--|-----------------------------|--|---------------------------------|--|--|
| 1. PLACE OF | DEATH: | | 2. USUAL RESIDENC | CE (HOME) OF DECEASED: | |
| Frederick | | | District | District of Columbia | |
| City or lown | (If outside city or town | imits, write RURAL and give nearest town) | | of not on | *************************************** |
| tion look le chous | wloon of doubha 3 W | eeks | Ottoor towns (If outside | nington de city or town limits, write RURAL and giv | |
| Hospital, Instituti | on, or street address where | death occurred: | 815 | Sheridan Street N. | TAT |
| 2 Fre | derick Ave | nue | Street No. | (If rural, give LOCATION) | |
| law lana la basa | Hal as leadily-blood | | | None | V |
| - | | | . 2.(0) Il veteran, name war. | | |
| 3. (a) FULL N | VAME | | | 3. (b) Social Secur | rity Number |
| | | VIRGINIA OLAND | | None | |
| 1. Sex | 5. Color or race | 6.(a)Single, married, widewed, or diversed | | MEDICAL CERTIFICATION | |
| F | W | widow | 20. DATE DE DEATH | November 17, 194 | 5 , 6 A |
| B.(b) Name of hu | Charl | es F. Oland | 21. I CERTIFY that death or | courred on the date above stated; that I attended | deceased from |
| | | *************************************** | lor. | 12 1945 10 hr | 2,17 194 |
| 7. Birth date of | | B.(c) If alive, give ageyear | 0 | -alive on 2 | |
| deceased (mo., | day, yr.) April | 8, 1855 | | The state of the s | the state of the s |
| 8. AGE: | Years Months | Days If less than one day | Immediate cause of death | | DURATION |
| | 90 7 | 9min | Cercha | I Hummhaye | 3 day |
| I I | ewistown-F | rederick-Maryland | Due to | | |
| s. Birthplace | (Town. | county, and state) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** |
| 10. Usual occupa | tlon At Hom | e | 10/ | · blance (RH) | ******** |
| 11. Industry or bu | | | Due to | iplegia (RL) | *************************************** |
| Industry or ot | Simon Pete | r Craver | | | •••••• |
| 12. Name | Frederical | County Maryland | Diher conditions | tini e dumi | •••••• |
| | | | | pregnancy within 8 months of death) | 0000000 sales |
| 五 14. Malden | name Susan S | tull | | | |
| | | County Maryland | | ns Hord | |
| Mac C F Moitzlan | | | - | Date of op | |
| 16. Informant Mrs. C. E. Meitzler | | | Antopsy results | - | |
| Address 2 Frederick Ave., Frederick, Md. | | | PHYSICIAN: Please under | rline the cause to which death should be char | ged statistically. |
| | | | | vas due to external causes, fill in the following; | |
| 17 Burial Date thereof 11/20/45 | | | . Analdest suicide or hamisi | Ide Note of | |

Burial (Burlal, cremation, or removal Which Mount Olivet Cemetery Cemetery or crematory

Frederick, Maryland M. R. Etchison and Son

18. Funeral director.

Frederick, Maryland Address

(Date rec'd by registrar)

(City or town)

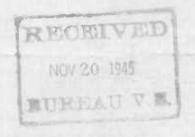
Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

Where did injury occur?

Means of Injury

Address Frederick, Maryland Date signed 11-17-45



correct age

A15

MARYLAND STATE DEPARTMENT OF HEALTH

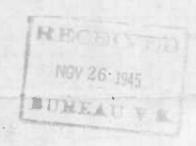
2411 N. Charles St., Baltimore 83

11082

CERTIFICATE OF DEATH

131 Reg. Dist. No.

| 1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 yrs. Hospital, Institution, or street address where death occurred: Feagaville How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick Feagaville (If outside city or town limits, write RURAL and give nearest town) Street No. Frederick, Md. R. D. 4 (If rurui, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number none | | |
|---|--|--|--|
| 3.(a) FULL NAME Elmer Alonzo Rehner | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorted wildower | MEDICAL CERTIFICATION 20. DATE OF DEATH 100. 23, 1945 19. 41, 21. 12: 05 Am/ | | |
| 6.(b) Name of house or wife Rosie Cline 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Sept. 24, 1870 | 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. to. 19. | | |
| 8. AGE: Years Months Days If less than one day 75 9 24 min. | Immediate cause of death Cevebral hemorrhage DURATION Lar. (2) | | |
| 9. Birthplace Near New Midway, Fred., Md. (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business Milfred Renner. | Due to. Arterio - sclero sis | | |
| 11. Industry or business E 12. Name. Wilfred Renner, 13. Birthplace New Midway, Md. E 14. Malden name. Martha Derr, 15. Birthplace Near New Midway, Md. | Other conditions (Include pregnancy within 8 months of death) Major findings of operations. | | |
| 16. Informant Address Frederick, Md. R. D. 4 | Antopsy results | | |
| Burial (Burial, crematory Church of Brethern Cemeter Location Rocky Ridge, Md. | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | |
| 18. Funeral director. M. R. Etchison & Son, Address Frederick, Md. | Means of injury Injured at work? Deputy Medical 23. SIGNATURE. Beauty Medical Examiner | | |
| 19. 24 Nove 19. 45 Elizabeth J. Hech. (Date ree'd by registrar) Registrar | Frederick, Md. M.D. or other M.D. or other M.D. 23, 144 | | |



| rect age | 2411 N. Chart | EPARTMENT OF HEALTH oa St., Baltimore 740 \ TE OF DEATH Rog. Diat. No. 141 |
|---|--|---|
| information carefully. The correct of death clearly and legibly. | 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (It outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war |
| 0 4 0 | 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced bhote widowed. | MEDICAL CERTIFICATION |
| MARGIN RESERVED FOR BINDING UNFADING INK. Supply every item of i | 8. (b) Name of husband or wife | 20. DATE DF DEATH 21. I CERTIFY that death accurred on the date above stated; that attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| WRITE PLAINLY, WITH UNF is especially important. | 14. Maiden name. 15. Birthplace 16. Informant. Address 17. (Burtal, cremation, or removed. Which?) Cemetery or crematory. Location | (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) |
| VS A15 PLEASE V | 18. Funaral director C. A. Fulle & Best Address Brussell M 19. Vor 9 19. 45 Europe Martin (Date rec'd by registrar) | Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address. Date signed |

RECEIVED NOV 11) 1945 BUREAU V.R.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| | 11184, | , |
|---|------------------|---|
| * | Reg. Dist. No. 3 | - |

| 1. PLACE OF DEATH: county Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| | State Maryland County Frederick |
| City or teas. Frederick (17 outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 years Hospital, institution, or street address where death occurred: 115 Record Street How long in hospital or institution? | City or town Fraderick (If outside city or town limits, write RURAL and give nearest town) Street No. 115 Record Street (If rural, give LOCATION) 2.(a) It veteran, name war. None |
| 3. (a) FULL NAME MARGARET MINERVA ROBINSON | 3. (b) Social Security Number None |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or diverced | MEDICAL CERTIFICATION |
| Female White Single | 20. DATE OF DEATH 1945 18 45 18 45 MM |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45 19. 45 and that I last saw h |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 89 7 16 | Senility + Unteres silerosis |
| 9. Birthplace Harford County, Maryland (Town, connty, and state) 10. Usual occupation Retired School Teacher 11. Industry or business None | Due to. |
| Alphonso Robinson | Other conditions Fractive of by; sue to: |
| 13. Birthplace Belair, Maryland | accidental 200 0. 00 |
| 14. Malden name Charlotte Marie Emory | (Include pregnancy within 8 month) of death) Major findings of operations. |
| 15. Birthplace Belair, Maryland | Dale of on |
| 16. Informant Home for the Aged | Autopsy results |
| Address 115 Record St., Frederick, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Burial Burial Bate thereof Nov. 10 1945 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide. Consideration |
| Cemetery or exemptory Union Chapel Cemetery | Where did injury occur? |
| tocation Belair, Maryland | Injured at home, farm, industry, public place (where?) Frank stafe of the |
| 18. Funeral director. C. E. Cline & Son | Means of injury Injured at work? |
| Address Frederick, Maryland | 23 SIGNATURE C. A. Couley |
| 19. 9 Nov 19.45 Elizabeth & Hech & Registrar | 23. SIGNATURE Stank WINDOWN D. D. or other Address Date signed LAND. 9-199 |



.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164-6

CERTIFICATE OF DEATH

11085

| | D: . | NT. | 132 |
|------|-------|-----|-----|
| Keg. | Dist. | No. | 101 |

| 1. PLACE OF DEATH: · | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County Frederick | |
| City or lows | State M. L. County P. L. de Y. County D. Count |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospitai, institution, or street address where death occurred: | |
| Life | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war wild war II |
| 3. (a) FULL NAME SOA | |
| Marshall & em Kold | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Mala white Divorced | 20, DATE DF DEATH. LOV 13 19.45, 21. 9 A.M. |
| The same | 20. DATE DF DEATH 19.45, 21 7 A M |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of | Ces (15, 10, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19 |
| 7. Birth date of | and that I last saw h & |
| deceased (mo., day, yr.) R 26, 804 8. AGE: Years Months Days If less than one day | Immediate canae of death |
| o. Aug. | Jenshit would I for |
| 41 6 10min. | broad mustraj |
| 9. Birthplace Mindle town Frederick C. Mld | Pue to |
| (Town, county, and state) | |
| 10. Usual occupation. Fax-e | Due to |
| 11. Industry or business | |
| E 12. Name - Share H. Ropp | Diber conditions |
| 12. Name to hand Ropp Md. | |
| EL 15. arribrace | (Include pregnancy within 3 months of death) |
| 14. Maiden name. Mary Estee Hert soch | Major findings of operations. |
| \$ 15. Birthplace Mid de Low m. Md | |
| 18. Informant Mary E. Rope P. | Autonsy results. |
| m-11, 11, m1 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Mcddle Eow 111d. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Barial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide. Frank Sandle Date of 11.13.45 |
| | Where did injury occur. Here Botto M Freliet For day |
| Cemetery or crematory but her and emetery | Where did injury occur? (City or town) (County) (State) |
| Location Middle town Md. | Injured at home, farm, industry, public place (where?) |
| 11:11 | Means of Injury 7 to Cup De Injured at work? |
| 18. Funeral director. | SPUTY R. W. |
| Address Middletow ~ 1 Md. | OR BLANTING N. W. Batton BAD. |
| Dalis us mani Glastill | 23. SIONATURE M. D. or other |
| 19 | Address free cel Date signed Milway 5 . Vy |
| | |

1 101 23 1015

PLEASE

VS A15

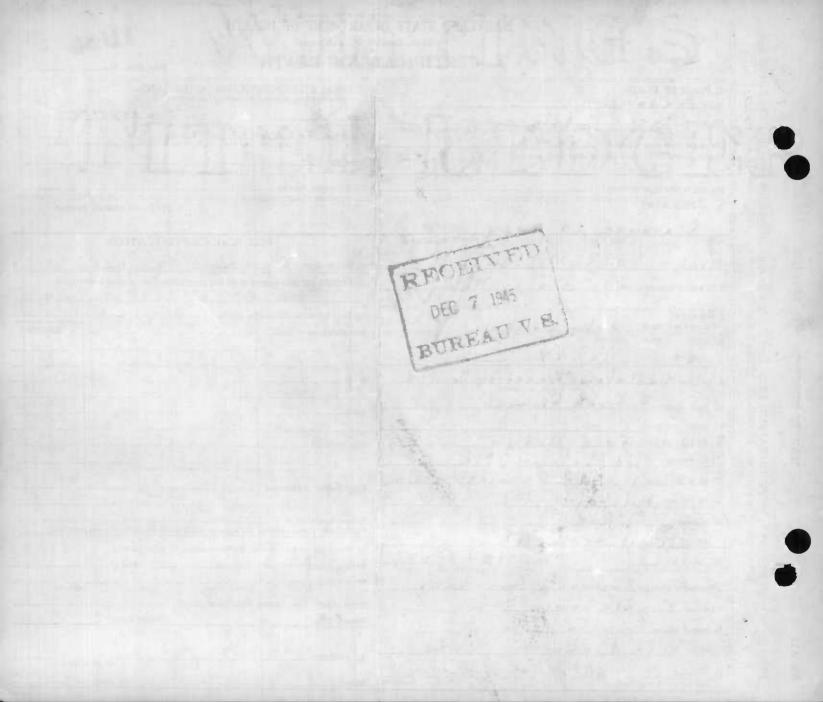
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

| | Ive. Dist. 100. |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| Clity or town | State M. d. County Frederick |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or town D x |
| How long in above place of death? | |
| | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Clarence W. Rudy | |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| Mela white widowed | 20. DATE OF DEATH November 30, 19 4 5 31 7:00 P. |
| 6.(1) Name of husband or wife Assaule L. Rudy | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 200 2 9 19 45 10 720 30 19 45 |
| 7. Birth date of deceased (ino., day, yr.) Joly 2. 1864 | and that I last saw h 2 alive on 2 9 19. 5 1 |
| 8. AGE: Years Months Days If less than one day | Ammediate cause of death |
| 81 4 28hrsmln. | Coronary Occlesion |
| 9. Birthplace M. Idlatown Trederick O. Md. (Town, eginty, and state) | Duo to (Suddluly |
| 10. Usual occupation Retired Farmer | |
| 11. Industry or business | Due to |
| | Diher conditions. |
| 12. Name Loshuz Rudy 13. Birthplace Middle town, Md. | |
| 14. Maiden name Phoebe Schildtk-macht | (Include pregnancy within 3 months of death) |
| 14. Maiden name Phoebe Schildth macht 15. Birthplace Middletown, Md. | Major findings of operations. Date of op. |
| 18. Informant Paul Rudy | Autopsy results. |
| Address Middle town, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereof. 2 - 3 - 1 - (mouth) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Luther me Cematery | Where did injury occur? (City or town) (County) (State) |
| Location Middle Loon, Md. | Injured at home, Karm, Industry, public place (where?) |
| 18. Funeral director Gladhill Co. | Meens of Injury Injured el work? |
| Address Middlelower, Md. | S. Hark Mix |
| " Lles 3 "45 marie gladbill | 23. SIGNATURE M. D. or other |
| 19. (Date rec'd by registrar) Registrar Registrar | Address Drid Sletour Date signed 11-30-4 |



2411 N. Charles St., Baltimore /3

11087

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: county Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|--|----------------|
| City or town State Sanatorium (If outside city or town limits, write RURAL and give nearest town) | state Maryland county St. Mar | .V.S |
| | Pughwood | |
| How long in above place of death? Since Heb. 27, 1940 | . (If outside city or town limits, write RURAL and give ne | arest town) |
| Maryland Tuberculosis Sanatorium | Street No. (If rural, give LOCATION) | |
| How long in hospital or institution? Since Feb. 27, 1940 | 2.(a) If veteran, name war. | , |
| 3. (a) FULL NAME | | |
| CATHERINE E. RUSSELL | 3. (b) Social Security | Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | | |
| | MEDICAL CERTIFICATION | |
| Female White Single | 20. DATE OF DEATH NOV . 4 1945 | at 3:30P |
| S.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended dece | ased from |
| | 77 1 000 100 10 | 19.45 |
| 7. Birth date of Tank Town 100 | and thet I last saw h. ET allvo on NOV. 4 | |
| deceased (mo., day, yr.) Feb. 10, 1920 | Immediate cause of death | DURATION |
| 25 8 25 | | |
| | - FULMUNARY TUBERCULUSIS | 6 yrs. |
| 9. Birthplace St. Marys Co., Md. (Town, county, and state) | . Due to | |
| 10. Usual occupation Housekeeper | | N |
| 11. Industry or business | Due to | |
| 單 12 Name Paul I. Russell | Other conditions | |
| Paul I. Russell 13. Birthplace St. Mary's Co., Md. | | |
| | (Include pregnancy within 3 months of death) | - |
| | Majnr findings of operations | |
| \$ 15. Birthplace St. Maty's Co., Md. | Date of op | |
| 16. Informant Deceased | . Aotopay results | |
| Address | PHYSICIAN: Please underline the cause to which death should be charged | atatiatically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; | |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory | Whera did injury occur? | (C4n4a) |
| " " " " " " " " " " " " " " " " " " " | (City or town) (County) Injured at home, farm, Industry, public place (where?) | |
| Location | The state of the s | |
| 18. Funeral director P. B. Robinson | meens of injury injured at work? | |
| Address Leonardtown Male | J. W. degas | |
| 11/1/1/1/ AV/M | 23. SIGNATURE M. D. | O |
| 19. (Date rec'd by registrar) Registra | Ototo Vonotemium 363 | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

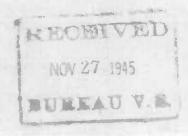
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9340 CERTIFICATE OF DEATH

11088 Reg. Dist. No. 131

| 1. PLACE OF DEATH: | | | 2. USUAL RESIDEN | NCE (HOME) OF DECEASED: | | |
|--|-------------------|---|---------------------------------|--|---------------------------------|--|
| County Frederick | | *************************************** | State Maryland County Frederick | | | |
| County Frederick City or team. Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 35 Years Massital institution or street address where death occurred: | | | Times. | Traderial- | | |
| How long in above place of death? | o lears | 3 | (If out | side city or town limits, write RURAL, and give | nearest town) | |
| Hospital, institution, or street address when 233 North Mark | et Stre | eet | Street No. 2335 | North Market Stree | <u>t</u> | |
| How long in hospital or institution? | | *************************************** | 2.(a) If veteran, name wa | (lfrural, give LOCATION) NONE | | |
| 3. (a) FULL NAME | | *************************************** | 2.(5) II veteran, name wa | | | |
| | LINE SH | 1 A TITUD | | 3. (b) Social Securi | ity Number | |
| 4. Sex 5. Color or race | | married, widowed, or-divorced | Ti . | | | |
| F W | | TRY | | MEDICAL CERTIFICATION | | |
| * | | NA. | 20. DATE OF DEATH | November 26, 45 | at 6 P M | |
| 6.(b) Name of husband or wife Cha | rles E. | . Shaffer | 21. I CERTIFY that death | occurred on the date above stated; that attended d | eceased from | |
| 7. Birth date of Time | 6,(c) | If alive, give agevea | rs // // / | 56 1844 WW | Cato 19 Hy | |
| 7. Birth date of deceased (mo., day, yr.) June | 29, 186 | 34 | and that I last saw half. | alive on Alla | 1944, | |
| 8. AGE: Years Months | Days | If less than one day | Immediate cause of deal | 11-10 - 0 - 11 - 12 | | |
| 81 4 | 27 | hrsmi | 1. | I were James | 11011 | |
| 9. Sirthplace Rocky Spri | no-Fred | | | | man | |
| (low) | i, county, and st | ate) | Due to | | ****** | |
| 1D. Usual occupation. At Ho. | ne | *************************************** | | | ****** | |
| 11. Industry or business | | | Due to | 1 _ 1 | Lynn | |
| 質 12. Name Josiah T. | Kline | | Other conditions | Motordula | | |
| | ck Cour | nty Maryland | other conditions | 1 | | |
| E 14. Malden name Caroli | ne Kehr | 10 | (Include | pregnancy within 3 months of death) | | |
| 14. Malden name | อทซ | ••••••••••••••••••••••••••••• | Major findings of operat | tions | | |
| Harry K. | | 2 | - | Date of op, | ************************ | |
| 10. Informant | | | | derline the cause to which death should be charg | vad etatistically | |
| Address Dill Ave., | | 1 1 | | | ce statisucany. | |
| Burial (Burial, cremation, or removal, Which | Date thereo | (month) (day) (year) | | was due to external causes, flil in the following; | | |
| Mount | Olivet | (month) (day) (year) Cemetery | | | **************************** | |
| Octiletery of Granatory | OTTACE | , | Hitele did injury occur? | (City or town) (County) | (State) | |
| LOCATION | **************** | [aryland | Injured at home, farm, In | dustry, public place (where?) | ••••• | |
| 18. Funeral director | Etchis | son and Son | Means of Injury | tnjured at work? | | |
| | rick, N | [aryland | | 4 X/- Hodr | M D | |
| . \. | 00 | D An Da 11 0 | 23. SIGNATURE | 11/7/1/0 | D, or other | |
| 19. (Date rec'd by registrar) | | allell J. Heck- | Freder | | 77 07 15 | |
| | | Biblia | WARIESS: | | CM **************************** | |



2411 N. Charles St., Baltimore (83-a)

| OF HEALTH | 11000 | |
|---|---|---|
| pre (83-a) | 11089 | |
| EATH | Reg. Dist. No | 131 |
| ESIDENCE (HOME) OF born infants give residence of n | DECEASED: | 0 |
| anyland coun | Frederic | k |
| If rederic (If outside city or town limits, | write RURAL and give year | cest town) |
| (If rural, give l | LOCATION) | |
| | Love | |
| | 3. (b) Social Security 1 | Number |
| | none | |
| | RTIFICATION | |
| TH Now | 23 19.45 | et/0:15a.M |
| at death occurred on the date abov | e stated: that I attended decea | sed from |
| · 23 Jean Us | 15 , 10 MS VY 0 4 | 199 |
| | | |
| of death | *************************************** | DURATION |
| ral Hemorrhas | 12 | 12 hour |
| · . | | |
| teris - sclerose | صر | 000000000000000000000000000000000000000 |
| *************************************** | *************************************** | 04 000 04 × 00 00 00 × 00 00 0 × 00 00 00 00 00 |
| | | *************************************** |
| | | |
| *************************************** | | |
| | | 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| (Include pregnancy within 8 m | onths of death) | A + 1005 |
| of operations | | |
| | Date of op | ······································ |
| ease underline the cause to whi | ch death should be charged a | tatistically. |
| If death was due to external caus | es, fill in the following; | |
| , or homicide | | |
| (City or town) | - Contract of the Contract of | (State) |
| farm, Industry, public place (who | | ************************** |
| | Injured at work? | |
| 13.0. Hum | io. Jr. U. | P. |

SPANE TO RESIDENCE STATE STATES OF THE SECURITIES OF THE SECURITIE

NOV 27 1945

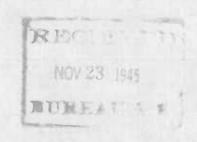
2411 N. Charles St., Baltimore 53

11090

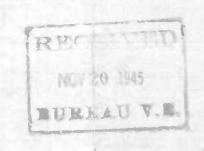
CERTIFICATE OF DEATH

Reg. Diat. No. 131

| City or town Pred (If outsid How long In above place of de Hospilal, Institution, or stree | erick ederick edity or town limits ath? 25 | rear | ORAL and give nearest town) | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of Maryland State Haryland Colly or town City or town City or town limit (15 outside city or | f mother) Frederic ounty Frederic | |
|--|---|----------------|--|---|---|------------------|
| 361 West How long in hospital or insti | Patrick | Str | et | Street No. 361 West Patr (If rural, giv None | eLOCATION) | |
| 3. (a) FULL NAME | IARTHA E | LIZAI | BETH SIMMONS | | 3. (b) Social Security None | Number |
| F W | | | married, widowed, or divorced | MEDICAL C | ertification er 19, ₁₉ 45 | 9:30 A |
| 7. Birih dale ot | | | If alive, give ageyears | 21. I CERTIFY that death occurred on the date ab 19. and that I last saw h | ove stated; that lattended dece | eased from |
| 8. AGE: Years | Months O | Days 26 | It less than one day | Immediate cause of death | | DURATION ? years |
| 11. Industry or business 12. Name | l own Unkno | own | ate) | Other conditions Sunsity (Include pregnancy within 3 | months of death) | |
| 15. Birthplace | ut H. Sir | nknov nmon: | vn | Major findings of operations | Date of op | |
| Burial (Burial, commutation, error Cemelery or crematory Location | Mount 0 | Date thereo | 11/21/45 (month) (day) (year) Cemetery | 22. VIOLENCE: If death was due to external car Accident, eulcide, or homicide | (County) | (State) |
| Addicas la | Frederic | ek, I | Maryland | 23. SIGNATURE Harrick Mar | Taking M. D. | or other |



DURATION



ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERT

2411 N. Charles St., Baltimore (21)

11092

| | , | 121-(1) | |
|---------|----|---------|---------------|
| IFICATE | OF | DEATH | Reg. Dist. No |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| City or image (If outside city or town limits, write RURAL and give nearest town) | State Maryland County Trederik |
| 11 / | City or the American |
| How long in above place of death? Hospital, institution, or staget address where death occurred: | (If outside city or town limits, write RURAL and give nearest town) |
| nosqual, institution, or sider audress water death occurred: | Street No La East C |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Magie Medora Speak | 8. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, whiteward, or divorced | MEDICAL CERTIFICATION |
| Female white manies | 20. DATE DE DEATH 7/00 2 19.45 at 5:0%. |
| Weelet Makes | 21. I CERTIEX that death occurred on the date above stated; that I attended deceased from |
| 6.(b) Name of husband or wife | 10 4 13 |
| | 1941, to 1945 |
| 7. Birth date of | and that t last saw h. A. alive on 19.75 |
| deceased (mo., day, yr.) (322 23 2 7 188) | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Wenna 1 we |
| 99 10 POhrsmin. | |
| 9. Birthplace (Yown, county, and state) | Due to Chinic Mefferly 2 410 |
| 10. Usual occupation | 4 Ny prestruis |
| 1/40 | Due to. |
| 11. Industry or business | |
| 12. Name Oylo | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name. Etta Baker | Major fiediogs of operations |
| 9 15. Birthplace | Date of op. |
| 18. Informant Mr Herbert Speaks | Aotopsy results. |
| LMI , a | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Dunalvia 1120 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, eramation, or remove Which) (Burial, eramation, or remove Which) | Accident, suicide, or homicide |
| Cemetery or complany Park Heights | Where did injury occur? |
| B ml | Injured at home, farm, industry, public place (where?) |
| Location Land Land Land Land Land | Means of injury Injured at work? |
| 18. Funeral director. | 1)-4) |
| Address Breenweek Mil | or CIENATURE of (Souce |
| 5- home was Elizabeth & Heck | 23. SIGNATURE M. D. or other |
| (Date ret'd by registrar) Registrar | Address Address Mulbale signed 1/2/4 |
| | - // // |



2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

The correct age

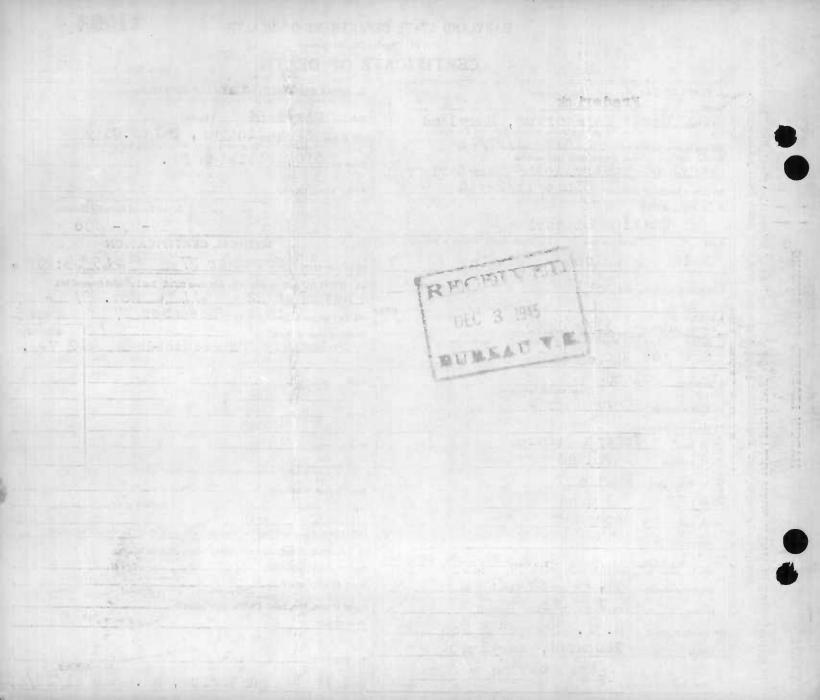
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

g. Dist. No. 139

| County Frederick City or town State Sana torium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 11/22/44 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sana torium State State | C. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) tate |
|--|--|
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 11/22/44 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 11/22/44 3.(a) FULL NAME | (If outside city or town limits, write RURAL and give nearest town) Greet No. 5104 Division St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 219-03-4836 |
| | 219-03-4836 |
| | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male White Single | O, DATE OF DEATH NOVEMBER 27 19 45 at 3:20 P |
| 6.(c) If allve, give ageyears 7. Birth date of | November 22 1944 to Nove 27 19 45 and that I last saw h imagine on November 27 19 45 DURATION |
| 8. AGE: Years Months Days If less than one day 1 1 1 1 1 1 1 1 1 | Pulmonary Tuberculosis 2 Y2s. |
| 11. Industry or business Industry or business | ther conditions |
| | Major findings of operations |
| 16. Informant Deceased A | Autopsy results |
| (Burlal, cremation, or removal, Which?) Cemetery operatory Auto Cathedral W | 22. VIOLENCE: If death was due to external causes, fill in the following: accident, suicide, or homicide |
| Location | injured at home, farm, Industry, public place (where?) |
| 111)7/100 | 23. SIGNATURE M. D. M. D |



VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

11094

CERTIFICATE OF DEATH

Reg. Diat. No. 132

| 1. PLACE OF DEATH: 1 County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate |
|--|--|
| 3. (a) FULL NAME | |
| 0. 11 9+ 10 | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | MEDICAL CERTIFICATION |
| Mela while widewed | 20. DATE OF DEATH NOV 18 18.4.5, at 8.4. M |
| 8.(b) Name of husband or wife Female Stime | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| T. Birth date of deceased (mo., day, yr.) R Dy L 17 1874 | and that I last saw h.19 Alive on Nov 8 19.49 |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 7.1 7hrsmin. | Colonial Colonia Colonial Colonial Colonial Colo |
| - 1 - 1 0 KI | - Tele |
| 9. Birthplace M. L. Le Lo. J. L. C. | Due 10. |
| 10. Usual occupation Designation of the Contraction | Que to. |
| 11. Industry or business | |
| H 12 Name Tt 0 - 29 Steins | Other conditions |
| 12. Name TE 0 3 5 t 2 3 13. Birthplace Middle town, rad | |
| E 14. Maiden name Mallie Carb | (Include pregnancy within 3 months of death) |
| I I Maloen name | Major findings of operations. |
| 15. Birthplace Myersville, Med. | |
| 16. Informant Mrs Wilmer Mosel | Autopsy results. |
| Address Middletown, Md | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 7 6 1 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, eremation, or removal. Which?) Oate thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cometery or crematory Luther tu Cenetery | Where did injury occur? |
| Location Middle to 50 Md | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director Bladla II Co | Means of Injury Injured at work? |
| Address Middletowa. Midn | 23. SIGNATURE P. W - Bow |
| 7000 24 45 Junio 60 00:00 | 23. SIGNATURE M. D. or other |
| (Date ree'd by registrar) 19. Whi 20 Registrar | Address Fredrick 110 Role signed 11: 20.45 |

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| | 0 | | | 0 | |
|---|----|----|----|------|---|
| 1 | 10 | 20 | Y | | 1 |
| | 4 | 89 | 20 | 'nΓ. | 6 |

CERTIFICATE OF DEATH

11095 Reg. Dist. No. / 34

| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give rosidonce of mother) State Maryland County Fradrick City or town Emmits burg (If outside city or town limits, write RURAL and give nearest town) Street No | | |
|---|--|--|--|
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Frank Albert Stoner | none | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| m white married | 20. DATE OF DEATH. 29 29 19 45 01 232 M | | |
| 6.(b) Name of husband or wife Mary Alice Bowling 7. Birth date of deceased (mo., day, yr.) October 1, 1871 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19 | | |
| 8. AGE: Years Months Bays If less than one day | Immodiste cause of death | | |
| 74 1 28hrsmin. | Palmonary Embolism / Kow | | |
| 9. Birihplace Adams Co. Pa. (Town, county, and atate) 10. Usual occupation Carpenter 11. Industry or business | Due to. Outerio alerolic lardio vascular Due to. Due to. Due to. Due to. Due to. Due to. | | |
| | Dither conditions. | | |
| 12. Name Peter Stoner 13. Birthplace Pennsylvania | | | |
| 14. Malden name Harriet McCleaf 15. Birthplace Adams Co, Pa. | (Include pregnancy within 3 months of death) Major findings of operations | | |
| 16. Informan Lewis TV. Stoner | Autopsy results | | |
| Address Emmitsburg, Md. | PHYSICIAN: Plesse underline the cause to which death should he charged statistically. | | |
| 17. burial Date thereof December 3. [month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| cemetery or crematory St Joseph Catholic Cometer | Where did injury occur? | | |
| Location Emmitsburg, Md. | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director | Means of Injury Injured at work? | | |
| Address Emmitsburg, Md. | Lo. P. Cadle Min | | |
| 19. Det 2 = 19.45 M.F. Sheef | Address. Address. Date signed 11-30-45 | | |

HERE TO BE STATE OF S



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-2 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick (For newborn infants give residence of mother) Maryland Emmitsburg, Maryland (If outside city or town limits, write RURAL and give nearest town) emmitsburg. Hew leng in above place of death? Since 1935 (If outside city or town limits, write RURAL and give nearest town) Hespital, institution, or street address where death eccurred: information caref St. Joseph Central House (If rural, give LOCATION) Hew long in hespital er institution? Since 1935 3. (a) FULL NAME 3. (b) Social Security Number Sister Angela) Joanna Sullivan 5. Celor er race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION causes BINDING Female Sister of Charity White 6.(b) Name et husband er wife..... 19.35 10 Hov 9 7. Sirth dale et May 18, 1858 doceased (me., day, yr.) 8. AGE: If less than ene day MARGIN RESERVED & Birthelace West Roxbury, Mass. Teaching 10. Usual occupation... 11. Industry or business Jeremiah Joseph Sullivan Bandon, Co. Cork, Ireland important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Geraldine Lane 14. Maiden name..... Major findings of operations..... Bandon, Co. Cork, Ireland Sister Mary Loretto Zoum HYSICIAN: Please underline the cause to which death should be charged statistically. St. Joseph's Central House 22. VIOLENCE: If death was due to external causes, fill le the following: Burial Date thereof NOV . 12, 1945. (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, er hemicide..... Where did injury eccur?(City or town) Cemetery or crematory St. Joseph's (nrivate) WRITE Emmitsburg, Marvland Injured at home, farm, industry, public place (where?) Means of Injury 18. Funeral director

DURATION



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1222

CERTIFICATE OF DEATH

| | | | | | alter Control | |
|--|----------------------|----------------|---|---|-------------------------------------|---------------|
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| County. Frederick | | | *************************************** | State Maryland County Frederick | | |
| City or team | ederick | imits, write F | RURAL and give nearest town) | | | |
| How long In above place | | | | City or tewn Clf outside city or town | K limits, write RURAL and give n | earest town) |
| Hospital, Institution, or | street address where | death occurre | d: | Street No. 22 Wisner S | Street | |
| Frederi | ck City | Hospi | tal | | give LOCATION) | ************* |
| How long In hospital or | Institution? | | | 2.(a) If veteran, name war | None | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security | y Number |
| | WILLI | AM HE | NRY TRACEY | | 217-10-9 | 896 |
| 4. Sex | 5. Color or race | 6.(a)8ing | le, married, widowed, or divorced | MEDICAL | CERTIFICATION | |
| M | W | | M | 20. DATE OF DEATH Noven | mber 24, 19 45 | 5:05A |
| 6.(b) Name of hestrant | or wifeBlan | che S | hull | 21. I CERTIFY that death occurred on the dat | | |
| | | 6.(| c) If alive, give age 40 years | end that I last saw h-C. Live on | 19 10 2 4 | 19 |
| 7. Birth date of deceased (mo., day, y | Januar | y 1, | 1904 | | | |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of death | | DURATION |
| 41 | 10 | 23 | hrs,mln. | 1 - 00 | - 64 | Kun ! |
| Fre | derick-F | reder | ick-Maryland | I loss as a | olonge | Clest |
| 9. Birthplace | (Town, | county, and | state) | Due 10 | 9 | |
| 10. Usual occupation | | | *************************************** | 0.1- | | **** |
| 11. Industry or business | Frederic | k Iro | n & Steel Co. | Due to | | **** |
| 質 12. Name L | oren E. | Trace | <u> </u> | Other conditions | | |
| 12. NameL | Dayton, | Ohio | | | | |
| 14. Maiden name. Caroline Giffin 15. Birthplace Frederick County Maryland 16. Informant Mrs. Glanche S. Tracey | | | fin | (Include pregnancy with | in 3 months of death) | |
| 14. Maiden name | Proboria | le C017 | ntw Manuland | Major findings of operations | | |
| ≥ 15. Birthplace | Frederic | K COU | noy mary rand | - | Date of op | |
| 16. Informant | s. Granc | ne S. | Tracey | Antopsy results | | |
| Address 22 W | isner St | ., Fr | ederick, Md. | | | a stadsdeany. |
| 17 Burial | | Date ther | eof. 11/27/45 (month) (day) (year) | 22. VIOLENCE: If death was due to externa | | |
| (Burial, cremation, | | | | Accident, suicide, or homicide | | |
| Cemetery or cremater | J | | t Cemetery | Where did injury occur?(City or to | wn) (County) | (State) |
| Location | Freder | ick, | Maryland | Injured at home, farm, industry, public | 19 (where?) | ••••• |
| 1R Euperal director | M. R. | Etchi | son and Son | Means of Injury | Injured at work? | |
| Address | | | Maryland | | BOOK BAR | 20 D |
| Address | - 2 0 4 0 1 | 60 | 1 An D. 11 0 | 23. SIGNATURE | 1 Jan Gr | M. D. |
| 19. Date rec'd by reg | 1946 | 19 | nalelly Heck- | Frederick, Ma | aryland | Vel-26-4 |
| (Date rec'd by reg | (ISLIEF) | | negistrar | 11 ADD1053 | Date signed | U |





PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

11099

| | | | | 11 | 11 |
|-----|-------|-----|---|----|----|
| · . | Dist. | No. | 1 | 1 | 7 |

| 1. PLACE OF DEATH: County Frederick | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland State County Frederick | | |
|--|---------------------------------|-------------------|---|--|----------------|--|
| City or town. Thurmont (If outside city or town limits, write RURAL and give neerest town) How long in above place of death? 30 years Mospital, institution, or street address where death occurred: How long in hospital or institution? | | | *************************************** | Thurson t | | |
| | | | [.2 | | | |
| | | | | | | |
| 3. (a) FULL NAM | Me Mart | ha Pi | tzer Weddle | 3. (b) Social Security Nur None | nber | |
| 4. Ses | 5. Color or race | 6.(a)\$ing! | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female | White | S: | ingle | 20, DATE OF DEATH NOVEMber 4, 1945 ,2:20 P | | |
| | ••••• | 6.(| c) If alive, give ageyears | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased | from 19.4-5 | |
| deceased (mo., day | , yr.) Augus | st 19, | 1912 | Immediate cause of death | DURATION | |
| 8. AGE: Yea | mrs Months | Days 25 | It less than one day | | 5duys | |
| 10. Usual occupation 11. Industry or busine 12. Name | At ho Martin L. Thurmont, | Wedd | le. | Due to | | |
| 14. Maiden name | Ella M. Thurmont | | | Major findings of operations. | | |
| 16. Informant Martin L. Weddle Thurmont, Md. | | | | Autopsy results | | |
| Burial Bate thereof Nov. 7, I945 (Burial, cremation, or removal, Which?) Lewistown Cemetery or crematory. | | | Nov. 7, 1945 (month) (day) (year) | 22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide | | |
| LocationI | Lewistown | , ^m d. | | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director. | NO T | | er & Son | Means of Injury Injured at work? | | |
| Address | Thurmon | nt, 1 | ld. | No offe / mi | | |
| 19. Nov. | o 19 457 | BI | Janelse S. Eyler Registrar | 23. SIGNATURE M. D. or of Address Date signed | 2/18 | |

RECTION TO D. NOV 8 1945 BUREAU V. E.

ARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-3

CEPTIFICATE OF DEATH

| CERTIFICAT | Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May Land County Full County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number |
| Ada E. U. Weeden 4. Sex D. 5. Color or race (6.(a) Single, marriel, wildowed, or disposed | MEDICAL CERTIFICATION |
| Female C Midowed | 20. DATE OF DEATH. November 17 1945 at 3:45 PM |
| B.(b) Name of husband or affe. Edward Weedon deceased B.(c) It alive give age years 7. Birth date of deceased (mg. day yr.) March 16, 1876 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17 19 45, to NN 17 18 45 and that I last saw her alive on November 17 18 45 |
| 8. AGE: Years Months Days If less than one dayhrsmin. | Immediate cause of death Cerebral hemorrhage, left loour |
| 9. Birthplace Frederick County, Maryland (Town, county, and stage) 10. Usual occupation Hornewiff | Due to Arterio - sclerosis 15-years. |
| 11. Industry or business 12. Name George Brooks 13. Birthplace unknown | Dither conditions |
| 14. Maiden name Esther Brown 15. Birthplace wulnown | (Include pregnancy within 8 months of death) Major findings of operations |
| 16. Interment Was Therentas J. Hollow Address Water Pletasant, Md. | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Burish Date thereof. 1/-20-1945 (Burial, cremetory or removal, Whitelf) Cemetery or cometory Farview Cemetery Cemetery or cometory | 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide |
| Location East of Frederick-Ind. 18. Funeral director. C. E. Cline + Son Address Frederick Ind. | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| 19. 19 War 19. 45 Elizabeth M. Registrar | 23. SIGNATURE 3. O. Shones fr. M.D. or other Address 2287. Market St. Fred'k, M.M. D. or other Bate signed M.D. 46 |

RECEIVED NOV 20 1945 BUREAU V.S.

WRITE

PLEASE

NS

FOR BINDING

ARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92.0

CERTIFICATE OF DEATH

Per Dia No 13

| | 205, 210, 10, | | |
|--|---|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
| | (For newborn infants give residence of mother) | | |
| (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? | State Maryland County Frederick | | |
| (If outside city or town limits, write RURAL and give nearest town) | City as fown Point of Rocks (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in above place of death? | (if outside city or town limits, write RURAL and give nearest town) | | |
| | Street No | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | | | |
| , , | 3. (b) Social Security Number | | |
| MARY ELIZABETH WENNER | None | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| F W M | 2D. DATE OF DEATH November 25, 19 45 at 8:15Am | | |
| 6.(b) Name of husband or wife John S. Wenner | 21. I CERTIPY that death securred on the date above stated; that attended deceased from | | |
| 2 (2) (4 2) (4 2) (4 2) (4 2) | 19.4 2, to 11av 2.5 19.4.5 | | |
| 7. Birth date of deceased (mo., day, yr.) July 20, 1867 | and that I last saw has alive on how the first 19 4.5. | | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death | | |
| o. near | | | |
| | William Heart | | |
| 3. Birthplace Petersburg, Virginia | Due to. A. A. | | |
| (Town, county, and state) | Worle Regunsalien | | |
| 1D. Usual occupation. At Home | Due to | | |
| 11. Industry or business | | | |
| # 12 Name Harry O. Smith | Diber conditions | | |
| 12. Name Harry O. Smith 13. Birthplace Frederick County Maryland | | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name. Susanna Snoots 15. Mithelaca Loudoun County Virginia | Major findings of operations | | |
| 15. Birthplace Loudoun County Virginia | Date of op. | | |
| 16 Informant Mr. John S. Wenner | Autopsy results. | | |
| Address Point of Rocks, Maryland | PHYSICIAN: Please underline the cause to which death should he charged statistically. | | |
| Bunial 11/29/45 | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| (Burial, cremation, or removal, Which!) (Burial, cremation, or removal, Which!) (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or CLEMBATORY St. Pauls Cemetery | Where did injury occur? | | |
| Location Point of Rocks, Maryland | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director M. R. Etchison and Son | Means of Injury Injury at work? | | |
| Address Frederick, Maryland | 1.0000 M.D. | | |
| 19.27- Nov 1945 Elizabeth & Hech. | 23. SIGNATURE M/D/or other | | |
| (Date rec'd by registrar) Registrar | Address 2 Aug Jan R. Md. Date signed for 36 - Hey | | |

NOV 27 1945

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 141

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| City or fown. | State Dircinia County Agudoun |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Peural- Kovattaville |
| How long to above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Schnauffer | Street No |
| How long in hospital or institution 13 Large 1037/45 11/13/45 | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Sally tellen W | enner |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| J. W. Single | 20. DATE OF DEATH NOV 18 19/15 at 9 75 M |
| 6.(b) Name of husband or wife. | 21. I CERNIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) If alive, give age years | now 2 0045 10 nov 13 19 45 |
| 7. Birth date of 3 10 51 | and that I last saw h. Dalive on 19.415 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 89 2 ms +3 | 1 dolly d |
| Constloville Londona (4.16 | Due to Macluse Plieto Novius |
| 9. Birthplace (Town, county, and state) | accidental falls |
| 1D. Usual occupation | Oue to. LRQ Cargo |
| 11. Industry or business | Patient found in her horne, |
| 12. Name Question 13. Birthplace Q. S. P. | Other conditions several days after accident |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of operations. |
| El 15. Birthplace U. S. | Date of op. |
| 18. Informant Joseph Chumaker | Autopsy results |
| Addresh obrittaville Va. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Date thereof 70 0 11 15. 1943 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) (month) (day) (yest) | Accident, suicide, or homicide. Occidents. Date of |
| Cemetery or Company | (City or town) (County) (AState) |
| Location | Injured at home, farm, industry, public placa (where?) |
| 18. Funeral director | Means of injury Acelodental fall, injured at work? |
| Addres 220 W. Polomec St Drumbers | 1.00 Bai del 0.0. |
| Mar 14 - 145 Emma martine | 23. SIGHATURE. M. D. OR OFFICE AND M. D. OR OF |
| (Date rec'd by registrar) | Address Males 1018 St. Bate stoned & M. 181-185 |

